

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

93 JUN 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # 341693
1. Corporation Name
CHRYSLIS HOTELS AND RESORTS CORP.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 10900 N.E. 8th Street 25 10900 N.E. 8th Street
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 Suite 900 27 Suite 900
City & State City & State

23 Bellevue, WA 28 Bellevue, WA
Zip Country Zip Country

24 98004 25 U.S.A. 29 98004 30 U.S.A.

3. Date Incorporated or Qualified
2/17/69

4. FEI Number 59-0940641 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

G.F. Labrozzi 81 Name United Corporate Services, Inc.
700 W. Hillsboro Blvd. 82 Street Address (P.O. Box Number is Not Acceptable)
Bldg 3, Suite 101 N.E. 167th Street
Deerfield Beach, FL 33441 83 Suite 300
84 City North Miami Beach FL 85 Zip Code 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Michael A. Barr* Michael A. Barr President 6/22/98
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/Director G.F. Labrozi 801 Brickell Ave., Suite 932 Miami, FL 33131 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Thomas Morikawa 10900 NE 0th St., Suite 900 Bellevue, WA 98004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gregory L. Paige 801 Brickell Ave., Suite 932 Miami, FL 33131 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Director Brent Nelson 10900 NE 0th St., Suite 900 Bellevue, WA 98004 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002571641-5 -06/24/98--01090--016 *****550.00 *****550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)

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Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 900		27 Suite 900		59-0940641	
City & State		City & State		Applied For	
23 Bellevue, WA		28 Bellevue, WA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 98004		29 98004		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 U.S.A.		30 U.S.A.		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

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SIGNATURE *Michael A. Barr* **Michael A. Barr President** 6/22/98
Signature typed or printed name of registered agent and title of applicant (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO/Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G.F. Labrozzi	1.2 NAME	Thomas Morikawa
STREET ADDRESS	801 Brickell Ave., Suite 932	1.3 STREET ADDRESS	10900 NE 3th St., Suite 900
CITY-ST-ZIP	Miami, FL 33131	1.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	Director <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregory L. Paige	2.2 NAME	Brent Nelson
STREET ADDRESS	801 Brickell Ave., Suite 932	2.3 STREET ADDRESS	10900 NE 8th St., Suite 900
CITY-ST-ZIP	Miami, FL 33131	2.4 CITY-ST-ZIP	Bellevue, WA 98004
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	100002571641-5
NAME		3.2 NAME	-06/24/98-01030-016
STREET ADDRESS		3.3 STREET ADDRESS	****550.00 ****550.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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Handwritten signature/initials

425 (88) 3021

CR2E034 (10/97)