

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 461035 (8)  
1. Corporation Name  
GOLF HOST SECURITIES, INC.



Principal Place of Business  
36750 U.S. HWY. 19 N.  
PALM HARBOR FL 34684

Mailing Address  
PO BOX 1088  
TARPON SPRINGS FL 34688  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/13/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1566781	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	29	Country	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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	P	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	BENGIVENGO, DOMINIC	1.1 TITLE	Change Addition		
STREET ADDRESS	38750 US HWY 19 NORTH	1.2 NAME			
CITY-ST-ZIP	PALM HARBOR FL	1.3 STREET ADDRESS			
TITLE	VDS	1.4 CITY-ST-ZIP			
NAME	WADSWORTH, STANLEY D	2.1 TITLE	Chairman		
STREET ADDRESS	4416 HIGHWAY 180 W	2.2 NAME	Barry S. Sternlicht		
CITY-ST-ZIP	HESPERUS CO	2.3 STREET ADDRESS	c/o Starwood Capital Group, L.L.C.		
TITLE	V	2.4 CITY-ST-ZIP	Three Pickwick Plaza, Suite 250, Greenwich, CT 06830		
NAME	O'BRIEN, DENNIS	3.1 TITLE	Treasurer and Chief Executive Officer		
STREET ADDRESS	40020 US HWY 550N	3.2 NAME	Merrick R. Kleeman		
CITY-ST-ZIP	DURANGO CO	3.3 STREET ADDRESS	c/o Starwood Capital Group, L.L.C.		
TITLE		3.4 CITY-ST-ZIP	Three Pickwick Plaza, Suite 250, Greenwich, CT 06830		
NAME		4.1 TITLE	Secretary		
STREET ADDRESS		4.2 NAME	Madison F. Grose		
CITY-ST-ZIP		4.3 STREET ADDRESS	c/o Starwood Capital Group, L.L.C.		
TITLE		4.4 CITY-ST-ZIP	Three Pickwick Plaza, Suite 250, Greenwich, CT 06830		
NAME		5.1 TITLE	Change Addition		
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE		5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	Change Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
TITLE		6.4 CITY-ST-ZIP			

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, on an attachment with an address.

SIGNATURE: [Signature] 4/13/98 203-861-2100

CR2E034 (10/97)