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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000253 (6)

		ORIDA HOTEL CO		0200 (0)								
Principal Plac	e of Busines	SS .	М	ailing Address		_			iii aana	11881 611	ON THE LAND	
14180 DALLAS PARKWAY				14180 DALLAS PARKWAY								
SUITE BIO				SUITE 810								
DALLAS TX 75240 US			_	DALLAS TX 75240 US				DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified 11/16/1992				
2. Principal Place of Business				2a. Mailing Address				4. FEI Number			plied For	
21				Suite, Apt. #, etc.				65-0368125			ot Applicable	
Suite, Apt. #, etc.				27				5. Certificate of Status Desired			Additional equired	
City & State				City & State				6. Election Campaign Financing			May Be	
23				28 7in				Trust Fund Contribution			to Fees	
Žip	Country			Zip	Count	ſΥ		8. This corporation owes or has paid the c	urrent y		angible No	
24 25 29 29 9. Name and Address of Current Registered Agent					[30]			Personal Property Tax due June 30. LJ Yes LJ No 10. Name and Address of New Registered Agent				
CO		N SERVICE COMPA			8	1	Name					
	1 HAYS S		•••		8	•	Street Addre	ss (P.O. Box Number is Not Acceptable)				
SUITE 105							Olioot Addio	as (1.0. box Harribor is Not Notopiable)				
TAI	LAHASSEI	E FL 32301			8	3						
i					6	4	City	F	85	Zip	Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was autlagent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida.							named corpo	ration submits this statement for the purpose	of char	ging it	s registered	
onice or r agent I a	egistered ag m f a miliar w	jent, or both, in the Sta ith, and accept the obl	on's board of directors. I hereby accept the ap	pomm	em as	registereo						
SIGNATURE												
12.	Signature, typed	or printed name of registered a OFFICERS A			13.	gen	t signature required	ADDITIONS/CHANGES TO OFFICERS AT	VD DIR	CTOR	S IN 12	
TITLE	PD	OT TOLLIO	THE COURT OF	DELETE	1.1 TITLE			7,0011010701741102010 10 0171021074		hange	Addition	
NAME	FISHER,	, RICHARD L			1.2 NAM	E				•		
STREET ADDRESS	AND DADY AVENUE				1.3 STRE	1.3 STREET ADDRESS						
CITY-ST-ZIP	MCHI VODY NV 10017						ZIP					
TITLE	VS			☐ DELETE	2.1 TITLE					hange	☐ Addition	
NAME	EDELMAN, MARTIN L				2.2 NAMI	Ε						
STREET ADDRESS		RK AVENUE			2.3 STRE	ET A	ADDRESS					
CITY-ST-ZIP		ORK NY 10017			2. 4 CITY	- \$1	- ZIP					
TITLE	VD			☐ DELETE	3.1 TITLE					hange	☐ Addition	
NAME	LELAND				3.2 NAMI	E						
STREET ADDRESS		TH STREET N.			3.3 STRE	ET A	DDRESS					
CITY-ST-ZIP		TON VA 22209		<u> </u>	3 4. CITY		- ZiP			h	1 1 1 1 1 1 1 1	
TITLE	VP SENNET	IT, MONTY		DELETE	4.1 TITLE				0	hange	Addition	
NAME)ALLAS PARKWAY, S	STE AIN	,	4. 2 NAM							
STREET ADDRESS		TX 75240	316. 010		4.3 STRE		1					
CITY-ST-ZIP TITLE	VPT	10 106TU		DELETE	4.4 CITY 5.1 TITLE	<u> </u>	- ZIP		ПС	hanne	Addition	
NAME		K, DAVID		L.J DECETE	5.1 IIILE 5.2 NAMI		-		`	i kan iyo	المراالين	
STREET ADDRESS		DALLAS PARKWAY, S	STE. 810)	5.2 NAMI		ODBESS					
		TX 75240			5.4 CITY		ı					
CITY-ST-ZIP TITLE			· · · · · · · · · · · · · · · · · · ·	DELET E	6.1 TITLE		FILE			hange	Addition	
NAME				—	6.2 NAME					•		
STREET ADDRESS					6.3 STREE		DDRESS					
PITY PT 710					CARITY	et.	710					

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 attractment with an address.

NONATURE.

FILED

Mar 27 1998 8:00am

Secretary of State