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FILED

May 11 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 # F93000001361 (5)

1. Corporation Name

CITY HOTELS MANAGEMENT, INC.



Principal Place of Business

4733 BETHESDA AVENUE  
STE 510  
BETHESDA MD 20814  
US

Mailing Address

4733 BETHESDA AVE  
STE 510  
BETHESDA MD 20814  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

52-1814205

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AGC CO.  
SUN BANK CENTER  
200 SOUTH ORANGE AVE., SUITE 2300  
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
HERMAN, JERRY H  
7315 WISCONSIN AVE 424E  
BETHESDA MD

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
7920 NORFOLK AVE, THIRD FLOOR  
BETHESDA, MD 20814

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HASSON, VICTOR  
7315 WISCONSIN AVE 424E  
BETHESDA MD

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
7920 NORFOLK AVE, THIRD FLOOR  
BETHESDA, MD 20814

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
ISRAEL, SALOME  
7315 WISCONSIN AVE 424  
BETHESDA MD

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
7920 NORFOLK AVE, THIRD FL  
BETHESDA, MD 20814

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
V  
ALBERT HASSON  
7920 NORFOLK AVE, THIRD FLOOR  
BETHESDA, MD 20814

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
DALE PELLEGER  
7920 NORFOLK AVE, THIRD FLOOR  
BETHESDA, MD 20814

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.2 NAME  
6.3 STREET ADDRESS  
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, or on an attachment with an address.

SIGNATURE:

*[Signature]*

CR2E034 (10/97)