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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90025 048 ***150.00

DOCUMENT # F93000001361

CITY HOTELS MANAGEMENT, INC.

Principal Place	of Business	Mailing Address			I MAIIT BAIST ABIAT IZAAN IZIIA PITAT ITAT TANZ
4733 BETHESDA AVENUE 4733 BETHESDA AVE					
STE 510 STE 510				DO NOT WRITE IN THIS SPACE	
BETHESDA MD 20814 US BETHESDA MD 20814 US				3. Date Incorporated or Qualifed	
00		V		03/18/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
27 7920 1	Notall Ave	26 7920 Nova	1014 Ave	52-1814205	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			,	5. Certifcate of Status Desired	\$8.75 Additional
22 State 300 27 State 300			<u> </u>		Fee Required
City & State City & State			MO	 6.=Election-Campaign-Financing= Trust Fund Contribution 	S5:00 May Be Added to Fees
			Country	8. This corporation owes the curre	
20814 25 29 20814 30			_	Personal Property Tax.	☐ Yes ☐ No
24 2 -	9. Name and Address of Current	<u> </u>	<u></u>	10. Name and Address of New R	egistered Agent
B1 Name					1
AGC CO.			82 Street A	ddress (P.O. Box Number is Not Acceptal	ble)
SUN BANK CENTER					
200 SOUTH ORANGE AVE., SUITE 2300			83		}
) OHL	ANDO FL 32801		84 City		85 Zip Code
					FL 03 Cip 3003
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 Noted or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	13,		FICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	HERMAN, JERRY H		1.2 NAME		
STREET ADDRESS	7920 NORFOLK AVE, THIRD FL	_OOR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20814		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HASSON, VICTOR		2.2 NAME		
STREET ADDRESS	7920 NORFOLK AVE, THIRD FL	_00R	2.3 STREET ADDRESS		ļ
CITY-ST-ZIP	BETHESDA MD 20814		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	Change Addition
NAME	ISRAEL, SALOME.		3.2 NAME	Israel Salomone 7920/Norfolk Ave. 30	LOOIE A
STREET ADDRESS	7920 NORFOLK AVE, THIRD FL	.OOR	3.3 STREET ADDRESS	Pallanda In	20814
CITY-ST-ZIP	BETHESDA MO 20814	☐ DELETE	3.4, CITY-ST-ZIP	gethesoca, MD	Change Addition
TITLE	V	[] DELETE	4.1 TITLE		
NAME	HASSON, ALBERT	OOD	4.2 NAME		
STREET ADDRESS	7920 NORFOLK AVE, THIRD FL	.UUR	4.3 STREET ADDRESS		•
CITY-ST-ZIP	BETHESDA MD 20814	[] DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	5	☐ Change ☐ Addition
TITLE	s Pellener, dale		5.2 NAME	Pelletiel Dale 7920 NorfolkAve, 311 Bathesaa, 410 20	7
NAME STREET ADDRESS	7920 NORFOLK AVE, THIRD FL	OOR	5.3 STREET ADDRESS	7920 NOWOUTAVE, 31	d∓l∞r
CITY-ST-ZIP	BETHESDA MD 20814	.0011	5.4 CITY-ST-ZIP	Ratherdo MO 20	314
TITLE	DETITIONA MID 20014	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	•		6.2 NAME		
{	2 604 7.1		6.3 STREET ADDRESS		j
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR