

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F93000001795 (4)

1. Corporation Name

PALM BAY FLORIDA HOTEL CORP.



Principal Place of Business

Mailing Address

WASHFORD FINANCIAL CORP  
14180 DALLAS PKWY. STE 900  
DALLAS TX 75240-4376  
US

WASHFORD FINANCIAL CORP  
14180 DALLAS PKWY. STE 900  
DALLAS TX 75240-4376  
US

3. Date Incorporated or Qualified

04/13/1993

3a. Date of Last Report

03/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3175330

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 the filer, if applicable.

Signature of Registered Agent required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FISTHER, RICHARD L	
STREET ADDRESS	230 PARK AVENUE	
CITY- ST- ZIP	NEW YORK NY 10017	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	EDELMAN, MARTIN L	
STREET ADDRESS	280 PARK AVENUE	
CITY- ST- ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LELAND, MARC	
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH	
CITY- ST- ZIP	ARLINGTON VA 22209	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SLAYTON, JOHN	
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH	
CITY- ST- ZIP	ARLINGTON VA 22209	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BENNETT, MONTY	
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PKWY	
CITY- ST- ZIP	DALLAS TX	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KIMICHK, DAVID	
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PKWY	
CITY- ST- ZIP	DALLAS TX	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

200001896882  
-07/17/96--01072--012  
\*\*\*225.00

7/17/96

SIGNATURE:

N/A 1995 FINAL RETURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID KIMICHK, TREASURER

6/19/96

(24) 490 9600

CR2E034 (12/95)