

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

APPROVED AND FILED

1995

95 MAR -1 PM 4:30

DOCUMENT # F93000002676 (5)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

GOLD KEY FLORIDA HOTEL CORP.

DO NOT WRITE IN THIS SPACE.

1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US		PACIFIC CENTER 1 14180 DALLAS PKWY. STE 900 DALLAS TX 75240-4376 US		06/09/1993	03/09/1994
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21 c/o Ashford Financial Corp.		26 c/o Ashford Financial Corp.		59-3179453	Not Applicable
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country		30 Country			
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				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 607.0902 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 607.0905, Florida Statutes.

REGISTRATION INFORMATION: Signature of Registered Agent required when registering. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, RICHARD L	1.2 NAME	
STREET ADDRESS	299 PARK AVENUE	1.3 STREET ADDRESS	
CITY, STATE, ZIP	NEW YORK NY 10017	1.4 CITY, ST, ZIP	
OFFICE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, MARTIN L	2.2 NAME	
STREET ADDRESS	280 PARK AVENUE	2.3 STREET ADDRESS	
CITY, STATE, ZIP	NEW YORK NY 10017	2.4 CITY, ST, ZIP	
OFFICE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMCHIK, DAVID	3.2 NAME	
STREET ADDRESS	14180 DALLAS PARKWAY	3.3 STREET ADDRESS	
CITY, STATE, ZIP	DALLAS TX 75240	3.4 CITY, ST, ZIP	
OFFICE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LELAND, MARC	4.2 NAME	
STREET ADDRESS	1001 19TH STREET NORTH	4.3 STREET ADDRESS	
CITY, STATE, ZIP	ARLINGTON VA 22209	4.4 CITY, ST, ZIP	
OFFICE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, MONTY	5.2 NAME	
STREET ADDRESS	14180 DALLAS PARKWAY	5.3 STREET ADDRESS	
CITY, STATE, ZIP	DALLAS TX 75240	5.4 CITY, ST, ZIP	
OFFICE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLAYTON, JOHN	6.2 NAME	
STREET ADDRESS	1001 19TH STREET NORTH	6.3 STREET ADDRESS	
CITY, STATE, ZIP	ARLINGTON VA 22209	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that my signature shall have the same legal effect as if made under oath. I am familiar with, and accept the obligations of, Section 607.0905, Florida Statutes, and that my name is printed on Block 12 of this form, or on an attachment with an address.

SIGNATURE: [Signature] David Kimchik 2/19/95 214-490-9600