

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002890 (2)

1. Corporation Name

LODGING OPPORTUNITIES CORPORATION



Principal Place of Business

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS MD 21403

Mailing Address

410 SEVERN AVENUE, SUITE 314
ANNAPOLIS MD 21403

3. Date Incorporated or Qualified
06/22/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
52-1748288

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP
NAME WILLIAMS, JOHN
STREET ADDRESS 410 SEVEN AVENUE, SUITE 314
CITY-ST-ZIP ANNAPOLIS MD

TITLE AS
NAME THOMPSON, DEBORAH
STREET ADDRESS 410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP ANNAPOLIS MD

TITLE VPSG
NAME WEYMER, DAVID
STREET ADDRESS 410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP ANNAPOLIS MD

TITLE VPAS
NAME KAMMERER, THOMAS
STREET ADDRESS 410 SEVERN AVENUE, SUITE 314
CITY-ST-ZIP ANNAPOLIS MD

TITLE VP
NAME MOECKEL, WILLIAM G JR.
STREET ADDRESS 410 SEVERN AVENUE SUITE 314
CITY-ST-ZIP ANNAPOLIS MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TCRD
1.2 NAME Frederick V. Malek
1.3 STREET ADDRESS 410 Severn Avenue, suite 314
1.4 CITY-ST-ZIP Annapolis, MD

2.1 TITLE PCOO
2.2 NAME Leland C. Pillsbury
2.3 STREET ADDRESS 410 Severn Avenue, suite 314
2.4 CITY-ST-ZIP Annapolis, MD

3.1 TITLE VP AS
3.2 NAME Gregory Droege
3.3 STREET ADDRESS 410 Severn Avenue, suite 314
3.4 CITY-ST-ZIP Annapolis, MD

4.1 TITLE VPCAS
4.2 NAME Bonnie Allen
4.3 STREET ADDRESS 410 Severn Avenue, suite 314
4.4 CITY-ST-ZIP Annapolis, MD

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bonnie Allen, Vice President*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 410-268-0515
Date Daytime Phone #

CR2E034 (12/95)