

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/22/1993
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Country	52-1748288
24	29	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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
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, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
TCEO	FRDERICK V. MALEK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
410 SEVERN AVENUE, SUITE 314		1.3 STREET ADDRESS	
ANNAPOLIS MD		1.4 CITY-ST-ZIP	
PCEO	LELAND C. PILLSBURY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
410 SEVERN AVENUE, SUITE 314		2.1 TITLE	
ANNAPOLIS MD		2.2 NAME	
VPAS	GREGORY DROEGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
410 SEVERN AVENUE, SUITE 314		2.3 STREET ADDRESS	
ANNAPOLIS MD		2.4 CITY-ST-ZIP	
VPAS	KAMMERER, THOMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
410 SEVERN AVENUE, SUITE 314		3.1 TITLE	
ANNAPOLIS MD		3.2 NAME	
VPAS	BONNE ALLEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
410 SEVERN AVENUE, SUITE 314		3.3 STREET ADDRESS	
ANNAPOLIS MD		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		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 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] Corporate Controller

1/15/98

CR2E034 (10/97)