

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

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



95 MAR -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003845 (5)

1. Corporation Name

FLORIDA HOTEL I CORP.

Principal Place of Business

C/O ASHFORD FINANCIAL CORPORATION
14180 DALLAS PARKWAY, PACIFIC CENTER 1
DALLAS TX 75240-4376

Mailing Address

C/O ASHFORD FINANCIAL CORPORATION
14180 DALLAS PARKWAY, PACIFIC CENTER 1
DALLAS TX 75240-4376

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

02/22/1994

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

59-3202855

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

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

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

(If not the same person, please print name and title of registered agent)

(If not the same person, please print name and title of registered agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD
NAME	FISHER, RICHARD L
STREET ADDRESS	299 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY 10017
NAME	VSD
NAME	EDELMAN, MARTIN L
STREET ADDRESS	280 PARK AVENUE
CITY, ST, ZIP	NEW YORK NY 10017
NAME	VT
NAME	KIMICHIK, DAVID
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PARKWAY
CITY, ST, ZIP	DALLAS TX 75240
NAME	VD
NAME	LELAND, MARC
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH
CITY, ST, ZIP	ARLINGTON VA 22209
NAME	VD
NAME	BENNETT, MONTY
STREET ADDRESS	PACIFIC CENTER 1, 14180 DALLAS PARKWAY
CITY, ST, ZIP	DALLAS TX 75240
NAME	AS
NAME	SLAYTON, JOHN
STREET ADDRESS	POTOMAC TOWER, 1001 19TH STREET NORTH
CITY, ST, ZIP	ARLINGTON VA 22209

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation named in Section 1 of this report. 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. I am an officer or director of the corporation or the recipient of the report or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

David Kimichik

2/19/95

214-490-9600

PRINTED NAME AND TITLE OF REGISTERED AGENT OR DIRECTOR

Date

Telephone