

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 # F93000003845 (5)

1. Corporation Name

FLORIDA HOTEL I CORP.



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc. STE 810

Suite, Apt. #, etc. STE 810

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/24/1993

3a. Date of Last Report

03/01/1995

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

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 title, if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD
FISHER, RICHARD L
299 PARK AVENUE
NEW YORK NY 10017

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VSD
EDELMAN, MARTIN L
280 PARK AVENUE
NEW YORK NY 10017

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VT
KIMICHIK, DAVID
PACIFIC CENTER 1, 14180 DALLAS PARKWAY
DALLAS TX 75240

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
LELAND, MARC
POTOMAC TOWER, 1001 19TH STREET NORTH
ARLINGTON VA 22209

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD
BENNETT, MONTY
PACIFIC CENTER 1, 14180 DALLAS PARKWAY
DALLAS TX 75240

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

AS
SLAYTON, JOHN
POTOMAC TOWER, 1001 19TH STREET NORTH
ARLINGTON VA 22209

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

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:

David Kimichik

DAVID KIMICHIK

4/30/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)