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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F93000003845

1. Corporation Name

FLORIDA HOTEL I CORP.

Principal Place of Business	Mailing Address
C/O ASHFORD FINANCIAL CORP 14180 DALLAS PARKWAY SUITE 810 DALLAS, TX 75240-4376	C/O ASHFORD FINANCIAL CORP 14180 DALLAS PARKWAY SUITE 810 DALLAS, TX 75240-4376

3. Date Incorporated or Qualified: 08/24/1993

3a. Date of Last Report: 03/01/1995

2. Principal Place of Business — **21**

2a. Mailing Address — **26**

Suite, Apt. #, etc. — **22**

Suite, Apt. #, etc. — **27**

City & State — **23**

City & State — **28**

Zip — **24** Country — **25**

Zip — **29** Country — **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 _____

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

KW 4-28-97

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***165.00

14. I do 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: _____ DAVID KIMICHIK 4-18-97 972-490-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS1

Form Annual Report (Rev. 8-96)