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Apr 05, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003845**

1. Corporation Name

FLORIDA HOTEL I CORP.



Principal Place of Business C/O ASHFORD FINANCIAL CORPORATION 14180 DALLAS PARKWAY STE 810 DALLAS TX 75240-4376 US	Mailing Address C/O ASHFORD FINANCIAL CORPORATION 14180 DALLAS PARKWAY STE 810 DALLAS TX 75240-4376 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 08/24/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3202855	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMICHIK, DAVID	3.2 NAME	
STREET ADDRESS	14180 DALLAS PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75240-4376	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3-19-99

922-778-8283

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #