FILED Apr 05, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9300005108

FLORIDA HOTEL II CORP.

Principal Place of Business Mailing Address							1	[(11 00 1(1 05 41(E		. (
% ASHFORD FINANCIAL CORPORATION % ASHFORD FINANCIAL CORPORATION			RPORATI	PORATION										
14180 DALLAS PKWY STE 810 14180 DALLAS PKWY #810			•				DO NOT WRITE IN THIS SPACE							
DALLAS TX 75240-4376 US US DALLAS TX 75240-4376								DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
UV UV								11/12/1993						
2. Principal P	lace of Business	2a. Mailing A	ddress					FEI Number		$\neg \top$	App	lied For		
21 26			ig Addices					65-0424447			Not Applicable			
Suite, Apt.		Suite, Apt. #, etc.								8.75 Additional				
22	·	27	27				5.	Certificate of Status Desired		Fe	e Req	uired		
City & Stat	e	City & St	City & State				6.	Election Campaign Financing		\$5.	.00 N	fay Be		
23		28						Trust Fund Contribution		Add	ded to	Fees		
Zip	Country	Zip	_	Cour	ntry		8.	This corporation owes the curr	ent year Inta	_=	٠.	_		
24	25	29		30				Personal Property Tax.		Yes		XÌNo		
	9. Name and Address of Current	Registered Age	ent		81	Name	10.	Name and Address of New	Registered /	tgent				
THE	DDENTICE HALL CODDODATION	SYSTEM INC			٥١	Name								
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET			j	82 Street Address (P.O. Box Number is Not Acceptable)				able)						
	E 105			}	83									
	AHASSEE FL 32301			-	03									
TALLATIAGGEL TE 92001				1	84	City		FL				85 Zip Code		
44 0					101/0	named same	ration	s submits this statement for the		hangin	a ite r	onictored		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							n's bo	ard of directors. I hereby acce	pt the appoir	itment a	as regi	istered		
agent. I a	ida Statu	ites.												
SIGNATURE	Signature, typed or printed name of registered agent	and title if penlicable	(NOTE:	Pagistared :	Agent	signature required	uthen re	oinetation)	DATE					
12.	OFFICERS AND		(11072.	13.	, igoin	biginatoro raquira		ADDITIONS/CHANGES TO OF		D DIRE	CTOF	RS IN 12		
TITLE	PD		DELETE	\$.1 TIT	LE					Cha	nge	Addition		
NAME	FISHER, RICHARD L			1.2 NA	ME									
STREET ADDRESS	299 PARK AVE.			1.3 STF	REET	ADDRESS								
CITY-ST-ZIP	NEW YORK NY 10017			1.4 CIT	Y-ST-	-ZIP .								
TIRLE	VSD		DELETE	2.1 7171	LE					☐ Cha	nge	☐ Addition		
NAME	edelman, martin l			2.2 NA	ME									
STREET ADDRESS	280 PARK AVE.			2.3 STI	REET	ADDRESS								
CITY-ST-ZIP	NEW YORK NY 10017			2, 4 Cf	TY-ST	r-ztP								
TITLE	VD		DELETE	3.1 TIT	LE					Cha	ınge	Addition		
NAME	BENNETT, MONTY			3.2 NA	ME									
STREET ADDRESS	14180 DALLAS PKY.			3.3 STF	REET	ADDRESS								
CITY-ST-ZIP	DALLAS TX 75240			3.4. Cf1	TY-ST	ZIP								
TITLE	VD		DELETE	4.1 TITI	LE					Cha	nge	☐ Addition		
NAME	LELAND, MARC			4.2 NA	ME									
STREET ADDRESS	1001 19TH ST., NORTH			4.3 ST	REET	ADDRESS								
CITY-ST-ZIP	ARLINGTON VA 22209			4.4 CIT	Y-ST-	-ZIP								
TITLE	VT		DELETE	5.1 TFT						Cha	nge	Addition		
NAME	KIMICHIK, DAVID J.			5.2 NA										
STREET ADDRESS	14180 DALLAS PKWY.					ADDRESS								
CITY-ST-ZIP	DALLAS TX	<u>_</u>		5.4 CIT		-ZiP								
TITLE		E	DELETE	6.1 TITI						Cha	nge	☐ Addition		
NAME				6.2 NA	ME									

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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE: _____SIGNATURE AN

STREET ADDRESS

CITY-ST-ZIP

3-18-99

972-278-5283