

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # F95000000077 (6)**

1. Corporation Name

**HOTEL INVESTORS OF MICHIGAN, INC.**



Principal Place of Business

11845 W. OLYMPIC BLVD., #560  
LOS ANGELES CA 90064

Mailing Address

11845 W. OLYMPIC BLVD., #560  
LOS ANGELES CA 90064

3. Date Incorporated or Qualified  
**01/05/1995**

3a. Date of Last Report

2. Principal Place of Business

21 11835 W. Olympic Blvd.

Suite, Apt. #, etc.

22 675

City & State

23 LA, CA

Zip

24 90064

Country

25 USA

2a. Mailing Address

26 11835 W. Olympic Blvd.

Suite, Apt. #, etc.

27 675

City & State

28 LA, CA

Zip

29 90064

Country

30 USA

4. FEI Number

38-2326839

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

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 the applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D FORD, BRUCE M**  
STREET ADDRESS **104 E. PARK DR., #300**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

TITLE ☐ DELETE  
NAME **D LAPIN, JEFFREY C**  
STREET ADDRESS **11845 W. OLYMPIC BLVD., #560**  
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE ☐ DELETE  
NAME **P MALLORY, KEVIN E**  
STREET ADDRESS **11845 W. OLYMPIC BLVD., #560**  
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE ☐ DELETE  
NAME **ST MALPASUTO, ROBERT**  
STREET ADDRESS **11845 W. OLYMPIC BLVD., #560**  
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE ☐ DELETE  
NAME **S AZEVEDO, HELEN D**  
STREET ADDRESS **11845 W. OLYMPIC BLVD., #560**  
CITY-ST-ZIP **LOS ANGELES CA 90064**

TITLE ☐ DELETE  
NAME **S MCCAIN, CHARLES E**  
STREET ADDRESS **11845 W. OLYMPIC BLVD., #560**  
CITY-ST-ZIP **LOS ANGELES CA 90064**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **11835 W. Olympic Blvd., Ste 695**  
2.4 CITY-ST-ZIP **LA, CA 90064**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **11835 W. Olympic Blvd., Ste 675**  
3.4 CITY-ST-ZIP **LA, CA 90064**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME **Director**  
4.3 STREET ADDRESS **Samuels, Sherwin L.**  
4.4 CITY-ST-ZIP **555 West 5th Street, 40th floor  
Los Angeles, CA 90013**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **11835 W. Olympic Blvd., Ste 675**  
5.4 CITY-ST-ZIP **LA, CA 90064**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS **11835 W. Olympic Blvd., Ste 675**  
6.4 CITY-ST-ZIP **LA, CA 90064**

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:

*Kevin Mallory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96

310-575-3900

Kevin Mallory, President

CR2E034 (12/95)