

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000000462 (9)**

1. Corporation Name
ORANGE COUNTY HOTEL CO., INC.



Principal Place of Business
**1629 WINCHESTER RD
MEMPHIS TN 38116**

Mailing Address
**1629 WINCHESTER RD
MEMPHIS TN 38116**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1626483	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LOWER, BRIAN T 8505 W. IRLO BRONSON MEMORIAL HWY KISSIMMEE FL 34747		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	WILSON, ROBERT A	1.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	GLOVER, GEORGE	2.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	2.4 CITY-ST-ZIP	
TITLE	VDI	3.1 TITLE	
NAME	PETTEY, JOHN H III	3.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	WILSON, C. KEMMONS JR	4.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	WILSON, SPENCE	5.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	WALLIN, R.E.	6.2 NAME	
STREET ADDRESS	1629 WINCHESTER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN 38116	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.

SIGNATURE _____

CR2E034 (10/97)