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May 10, 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

DOCUMENT # F96000000897

1. Corporation Name
RENAISSANCE FLORIDA HOTEL, INC.



Principal Place of Business

10400 FERNWOOD RD
DEPT. 924.13
BETHESDA MD 20817
US

Mailing Address

10400 FERNWOOD RD
DEPT. 924.13
BETHESDA MD 20817
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

34-1822717

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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

TITLE PD ☐ DELETE

NAME CLIST, TODD
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE DVP ☐ DELETE

NAME WALKER, MYRON D
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE VP ☐ DELETE

NAME TIEFEL, WILLIAM R
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE DVP ☐ DELETE

NAME KIMBALL, KEVIN M
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE T ☐ DELETE

NAME MURPHY, RAYMOND G
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE S ☒ DELETE

NAME MCGLOCKTON, JOAN R
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary ☐ Change ☒ Addition

1.2 NAME Nancy L. Benz

1.3 STREET ADDRESS 10400 Fernwood Road

1.4 CITY-ST-ZIP Bethesda, MD 20817

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME Secretary

6.3 STREET ADDRESS W. David Mann

6.4 CITY-ST-ZIP 10400 Fernwood Rd

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:

Nancy L. Benz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/99

301-380-8742

CR2E034 (11/98)