

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002847 (9)

1. Corporation Name

MASTER PREFERRED HOTELS, INC.

Principal Place of Business

6900 E 2ND ST  
SCOTTSDALE AZ 85251

Mailing Address

6900 E 2ND ST  
SCOTTSDALE AZ 85251-5305

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

06/06/1996

3a. Date of Last Report

N/A

4. FEI Number

APPLIED FOR 93-1209230

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

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 DC ☐ DELETE

NAME KAULIUS, EUGENE  
STREET ADDRESS 6900 E 2ND ST  
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE DP ☒ DELETE

NAME ORENSTEIN, FRANK  
STREET ADDRESS 6900 E 2ND ST  
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE VS ☒ DELETE

NAME WRIGHT, CHARLES A  
STREET ADDRESS 6900 E 2ND ST  
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE S ☐ DELETE

NAME POER, PAUL  
STREET ADDRESS 6900 E 2ND ST  
CITY-ST-ZIP SCOTTSDALE AZ 85251

TITLE S ☒ DELETE

NAME GREENE, MORLEY  
STREET ADDRESS 700 E GEORGIA ST #2910  
CITY-ST-ZIP VANCOUVER BC CANADA V7X 1B6

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC AND DP ☒ 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

2.4 CITY-ST-ZIP

3.1 TITLE VS ☐ Change ☒ Addition

3.2 NAME CAROL RICHARDS

3.3 STREET ADDRESS 6900 E. 2ND ST,

3.4 CITY-ST-ZIP SCOTTSDALE, AZ 85251

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME CLIFF J. MARSH

5.3 STREET ADDRESS 6900 E. 2ND ST,

5.4 CITY-ST-ZIP SCOTTSDALE, AZ 85251

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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

CLIFF J. MARSH, President, Master Preferred Hotels, Inc. 6900 E. 2ND ST, SCOTTSDALE, AZ 85251

FILED  
May 06 1997 8:00am  
Secretary of State



CR2E034 (9/96)