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FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1996

4. FEI Number

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 is acceptable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME VS
STREET ADDRESS RICHARDS, CAROL
CITY-ST-ZIP 6900 E 2ND ST
SCOTTSDALE AZ

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME S
STREET ADDRESS MARSH, CLIFF S
CITY-ST-ZIP 6900 E 2ND ST
SCOTTSDALE AZ

TITLE ☐ DELETE

NAME S
STREET ADDRESS DAN LAWRENCE
CITY-ST-ZIP 6900 E 2ND STREET
SCOTTSDALE AZ 85251

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002547390

-06/04/98--01033--013

***1350.00

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 authorized 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:

5/1/98

602-874-0706

CR2E034 (10/97)