

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 042 ***150.00

DOCUMENT # F96000002847

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 the current year Intangible
Personal Property Tax. ☐ 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

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCDP	<input type="checkbox"/> DELETE
NAME	KAULIUS, EUGENE	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, CAROL	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	POER, PAUL	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ 85251	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, DAN	
STREET ADDRESS	6900 E 2ND ST	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Grogan, James	
1.3 STREET ADDRESS	6900 E 2nd ST	
1.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	poer, Paul	
2.3 STREET ADDRESS	6900 E 2nd ST	
2.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kirsch, Randall	
3.3 STREET ADDRESS	6900 E 2nd ST	
3.4 CITY-ST-ZIP	Scottsdale, AZ 85251	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (480) 874-0706

Date

Daytime Phone #

CR2E034 (11/98)

0552946