

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

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**Jan 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003605 (0)
 1. Corporation Name
BOYKIN LODGING COMPANY



Principal Place of Business 50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113-2258	Mailing Address 50 PUBLIC SQUARE, 1500 TERMINAL TOWER CLEVELAND OH 44113
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3. Date Incorporated or Qualified 07/17/1996		3a. Date of Last Report	
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 34-1824586	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	BOYKIN, ROBERT W	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HEITLAND, RAYMOND P	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BISHOP, MARK L	
STREET ADDRESS	50 PUBLIC SQUARE STE 1500	
CITY-ST-ZIP	CLEVELAND OH	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Adams, Albert T.	
1.3 STREET ADDRESS	1900 E. NINTH ST., STE 3200	
1.4 CITY-ST-ZIP	CLEVELAND OH 44114	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howley, Lee C.	
2.3 STREET ADDRESS	30400 DETROIT RD, STE 401	
2.4 CITY-ST-ZIP	WESTLAKE OH 44145	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hulet, William N.	
3.3 STREET ADDRESS	1 KEY PLAZA	
3.4 CITY-ST-ZIP	CLEVELAND OH 44114	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MOSIER, FRANK E.	
4.3 STREET ADDRESS	1111 SUPERIOR AVE., STE 785	
4.4 CITY-ST-ZIP	CLEVELAND OH 44114	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Winfield, Ivan J.	
5.3 STREET ADDRESS	30901 AINSWORTH DR.	
5.4 CITY-ST-ZIP	PEPPER PIKE OH 44124	
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 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: Raymond P. Heitland **REQUIRED** 1/17/97 216/241.6375
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Raymond P. Heitland 0627539

CR2E034 (9/96)