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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Feb 12 1997 8:00am

Secretary of State

0269629

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # **H20377**

(8)

AMERICAN HOSPITALITY MANAGEMENT, INC. Principal Place of Business Mailing Address 809 BREAKERS AVENUE FT. LAUDERDALE FL 33304-3319 FT. LAUDERDALE FL 33304-3319						
					3. Date incorporated or Qualified 09/11/1984	3a. Date of Last Report 04/15/1996
	ace of Business	2a. Mailing Address			4. FEI Number	
Suite, Apt.	4 ok	Suite, Apt. #, etc.			59-2454530	CO 75
22	, O.C.	27			5. Certificate of Status Desired	Fee Required
City & State	}	City & State	·····		6. Election Campaign Financing	\$5.00 May Be
23	Country	28				······································
Zip 24	Country 25	Zip 29	ļ	ry		
	9. Name and Address of Curre		1901			= ·
MEY	YERS, STEVEN P.A.	N. C. William	8	1 Name		
TWO	E BISCAYNE TOWER., STE 355() SOUTH BISCAYNE BLVD MI FL 33133		Address 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1984 04/15/1996 Applied For Not Applicable 59-2454530 Not Applied For Not Applicable 59-2454530 Not Applied For Not Applicable 59-2454530 Not Applied For Not Applicable 58.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required For Not Applied For Not Applicable State State			
			8	4 City		85 Zip Code
-4 5	10 007.00	00 1 007 1500 Fireful Oliv				
SIGNATURE	Signature, typod or printed name of registered ag		IOTE Registered A		ired when reinstating)	DATE
TITLE	PD				ADDITIONO/OFFICIALIZED TO OFFIC	
NAME	GRABARNICK, GENE	_	1			
STREET ADDRESS	909 BREAKERS AVE		1.3 STRE	ET ADDRESS		
C(TY-ST-Z(P	FT. LAUDERDALE FL		1.4 CITY	-ST-ZIP		
THEE	VPT PON	☐ DELETE	1			☐ Change ☐ Addi
NAME	MOLKO, RON 909 BREAKERS AVE			1		
STREET ADDRESS	FT. LAUDERDALE FL					
CITY-ST-ZIP TITLE	S	DELETE				Change Add
NAME	MEYERS, HILLEL					
STREET ADDRESS	909 BREAKERS AVE		1	1		
CITY-ST-ZIP	FT. LAUDERDALE FL					
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NAME			1]		_
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CITY - \$1 - ZIP			6.4 C/TY	-ST-ZIP		
14. I do herel	by certify that the information supplied	ed with this filing does not gu	alify for the e	xemption state	ed in Section 119.07(3)(i), Florida Statute	es. I further certify that the
t am an o appears i	in molecules on this arrition report of fricer or director of the corporation on h Block 12 or Block 13 if champed. (the receiver of trustee emport on an attachment with an a	owered to exaddress.	ecute this rep	ort as required by Chapter 607, Florida	Statutes; and that my name