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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # J99813 (4)

TISHMAN HOTEL CORPORATION

Principal Place of Business

Mailing Address

**FILED** Apr 03 1997 8:00am Secretary of State



NEW YORK N	/ENUE. 36TH FLOOR IY 10103	668 FIFTH AVENUE, 36T NEW YORK NY 10103-36			3. Date incorporated or Qualified	3a. Date		eport
					11/02/1987	04/17	7/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
1		26			13-3433137		No	t Applicabl
Suite, Apt.	#, etc	Suite, Apt. #, etc.	-		5. Certificate of Status Desired		8.75 A Fee Re	Additional equired
City & Stat	(2)	City & State			6. Election Campaign Financing		\$5.00	May Re
]		28			Trust Fund Contribution		Added t	
1	Country	Zip	Countr	у	8. This corporation has liability for	intangible tax	under s.	199.032,
ו <sup>י</sup>	25	29	30			] Yes 🔲 I		
	9. Name and Address of Curren				10. Name and Address of New Re	gistered Age	ent	
CO	RPORATION SERVICE COMPAN		81	Name				
	01 HAYS STREET	•	<u> </u>		(D.O. D. M	.1.:		
	LLAHASSEE FL 32301		62		ress (P.O. Box Number is Not Acceptat	ле)		
			83	<b>'</b>				
			84	City		FL	<b>85</b> Zip (	Code
I. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statu	ites, the abov	/e-named cor	poration submits this statement for the pation's board of directors. I hereby acce	ournose of ch	anging it	s registere
agent La IGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, F	lorida Statute	98.	ered when reinstating)	DATE		
2.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND D	IRECTOR	
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Loo nereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 19.07(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 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 chapter, or on an adjustment with an address.

**SIGNATURE:** 

212-399-3687