

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # K32653 (3)

1. Corporation Name

KISSIMMEE SUITES MANAGEMENT, INC.

Principal Place of Business

Mailing Address

% TOLLMAN-HUNDLEY HOTELS
100 SUMMIT LAKE DRIVE, 3RD FLOOR NORTH
VALHALLA NY 10019
US

% TOLLMAN-HUNDLEY HOTELS
100 SUMMIT LAKE DRIVE, 3RD FLOOR NORTH
VALHALLA NY 10019
US



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-04/29/96--01067--016

3. Date Incorporated or Qualified 09/08/1988
3a. Date of Last Report 11/27/1995

2. Principal Place of Business
21 Tollman-Hundley Hotels
Suite, Apt. #, etc.
22 1886 Route 52
City & State
23 Hopewell Jct. N.Y.
Zip Country
24 12533 25 US
2a. Mailing Address
26 Tollman-Hundley Hotels
Suite, Apt. #, etc.
27 1886 Route 52
City & State
28 Hopewell Junction NY.
Zip Country
29 12533 30 US

4. FEI Number 59-2909709
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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 *Marcia A. Hanner* Marcia A. Hanner, Assistant Secretary 4/26/96
Signature of Special or printed name of registered agent and printed name of officer or director (Do not leave blank)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOLLMAN, STANLEY S.	1.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE, 3RD FLOOR NORTH	1.3 STREET ADDRESS	1886 Route 52
CITY-ST-ZIP	VALHALLA NY 10595	1.4 CITY-ST-ZIP	Hopewell Junction N.Y. 12533
TITLE	DP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNDLEY, MONTY D.	2.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE, 3RD FLOOR NORTH	2.3 STREET ADDRESS	1886 Route 52
CITY-ST-ZIP	VALHALLA NY 10595	2.4 CITY-ST-ZIP	Hopewell Junction N.Y. 12533
TITLE	DVS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, SANFORD	3.2 NAME	
STREET ADDRESS	100 SUMMIT LAKE DRIVE, 3RD FLOOR NORTH	3.3 STREET ADDRESS	1886 Route 52
CITY-ST-ZIP	VALHALLA NY 10595	3.4 CITY-ST-ZIP	Hopewell Junction N.Y. 12533
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sanford Freedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 23, 1996 914 22 33603
Date Daytime Phone #

CR2E034 (12/95)