


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K52205 (7) 1. Corporation Name HOTELS INTERNATIONAL I, INC.			
Principal Place of Business 7829 GREENBRIAR PKWY ORLANDO FL 32819		Mailing Address 7829 GREENBRIAR PKWY ORLANDO FL 32819-8826	
2. Principal Place of Business 21 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835		2a. Mailing Address 26 6355 MetroWest Blvd. Suite 330 Orlando, Florida 32835	
22 Orlando, Florida 32835		27 Orlando, Florida 32835	
23 Orlando, Florida 32835		28 Orlando, Florida 32835	
24 Orlando, Florida 32835		29 Orlando, Florida 32835	
25 Orlando, Florida 32835		30 Orlando, Florida 32835	
3. Date Incorporated or Qualified 12/19/1988			
3a. Date of Last Report 05/01/1996			
4. FEI Number 59-2925734			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent ROSSMAN, NANCY A. 7829 GREENBRIAR PARKWAY ORLANDO FL 32819		10. Name and Address of New Registered Agent 81 Name ROSSMAN, NANCY A. 82 Street Address (P.O. Box Number is Not Acceptable) 6355 MetroWest Blvd. Suite 330 83 Orlando, Florida 32835 84 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 <i>Nancy A. Rossman</i> DATE 2/3/97			
12. OFFICERS AND DIRECTORS TITLE PSD <input type="checkbox"/> DELETE NAME ROSSMAN, NANCY A. STREET ADDRESS 7829 GREENBRIAR PKWY ORLANDO FL CITY-ST-ZIP TITLE T <input checked="" type="checkbox"/> DELETE NAME ROSSMAN, NANCY A. STREET ADDRESS 7829 GREENBRIAR PKWY ORLANDO FL CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 PSDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME ROSSMAN, NANCY A. 1.3 STREET ADDRESS 6355 METROWEST BLVD SUITE 330 1.4 CITY-ST-ZIP ORLANDO, FL 32835 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 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: <i>Nancy A. Rossman</i> SIGNATURE REQUIRED DATE 2/3/97 DAYTIME PHONE # 407 523 2223			

CR2E034 (9/96)