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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 # **K52269** (3)
1. Corporation Name
HOTELS INTERNATIONAL II, INC.



Principal Place of Business: **7829 GREENBRIAR PARKWAY ORLANDO FL 32819**
Mailing Address: **7829 GREENBRIAR PARKWAY ORLANDO FL 32819-6826**

3. Date Incorporated or Qualified: **12/19/1988**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **59-2924231**
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

2. Principal Place of Business
21. **6355 MetroWest Blvd**
22. **Ste 330**
23. **Orlando FL**
24. **32825**
25. **FL**

2a. Mailing Address
26. **6355 MetroWest Blvd**
27. **Ste 330**
28. **Orlando FL**
29. **32825**
30. **FL**

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
82. Street Address (P.O. Box Number is Not Acceptable): **6355 MetroWest Blvd Ste 330**
83.
84. City: **Orlando** FL 85. Zip Code: **32825**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD <input type="checkbox"/> DELETE	1.1 TITLE	P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSMAN, NANCY A.	1.2 NAME	Rossman
STREET ADDRESS	7829 GREENBRIAR PARKWAY	1.3 STREET ADDRESS	6355 MetroWest Blvd Ste 330
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32825
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	
NAME	ROSSMAN, NANCY A.	2.2 NAME	68
STREET ADDRESS	7829 GREENBRIAR PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Nancy A. Rossman* **REQUIRE** **PRO** **2/3/97** **407** **523 2333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)