

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

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May 08 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K56671** (6)

1. Corporation Name  
**PHILIP HOTELS, INC.**

Principal Place of Business <b>% NANCY A. ROSSMAN</b> <b>7829 GREENBRIAR PKWY</b> <b>ORLANDO, FL . 32819</b>	Mailing Address <b>% NANCY A. ROSSMAN</b> <b>7829 GREENBRIAR PKWY</b> <b>ORLANDO, FL . 32819-8926</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/09/1989</b>	3a. Date of Last Report <b>04/10/1996</b>
21 <b>6355 MetroWest Blvd</b>		2a <b>6355 MetroWest Blvd</b>		4. FEI Number <b>59-2927219</b>	Applied For Not Applicable
22 <b>Ste 330</b>		27 <b>Ste 330</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 <b>Orlando FL</b>		28 <b>Orlando FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 <b>32835</b>	25	29 <b>32835</b>	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ROSSMAN, NANCY A</b> <b>7829 GREENBRIAR PKWY</b> <b>ORLANDO FL 32819</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>6355 MetroWest Blvd</b>
				83	<b>Ste 330</b>
				84 City	<b>Orlando FL</b>
				85 Zip Code	<b>32835</b>

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: *Nancy A. Rossman* (NOTE: Registered Agent signature required when reinstating) DATE: **2/3/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSMAN, NANCY A</b>	1.2 NAME	
STREET ADDRESS	<b>7829 GREENBRIAR PKWY</b>	1.3 STREET ADDRESS	<b>6355 MetroWest Blvd Ste 330</b>
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	1.4 CITY-ST-ZIP	<b>Orlando FL 32835</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSSMAN, NORMAN</b>	2.2 NAME	
STREET ADDRESS	<b>7829 GREENBRIAR PKWY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/3/97** **4075232323**  
Date Daytime Phone #

CR2E034 (9/96)