

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L10758** (5)

1. Corporation Name

FEDERAL HOTEL & RESORT MANAGEMENT, INC.



Principal Place of Business

**% J M KONSTEN
2301 S FEDERAL HWY
FT LAUDERDALE FL 33316**

Mailing Address

**% J M KONSTEN
2301 S FEDERAL HWY
FT LAUDERDALE FL 33316**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**KONSTEN, J.M.
2301 S FEDERAL HWY
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

08/21/1989

3a. Date of Last Report

01/25/1995

4. FEI Number

65-0139448

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

10. Name and Address of New Registered Agent

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

Signature of person for whom the corporation is being registered

Signature of Registered Agent (signature required when registering)

DATE

OFFICERS AND DIRECTORS

**PD
KONSTEN, J M
2301 S FEDERAL HWY
FT LAUDERDALE FL**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. TITLE
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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, 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 attached print with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 1-305-441-0100
Date Daytime Phone

CR2E034 (12/95)