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May 16 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 # **M08837** **(0)**

1. Corporation Name
FLORIDA RESORT HOTELS, INC.

Principal Place of Business	Mailing Address
1886 ROUTE 52 **HOPEWELL JUNCTION NY 12533**	**1886 ROUTE 52** **HOPEWELL JUNCTION NY 12533-6656**

3. Date Incorporated or Qualified: **12/11/1984**
3a. Date of Last Report: **04/24/1996**
4. FEI Number: **58-1609971** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VTD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	TOLLMAN, ARNOLD		12 NAME		
STREET ADDRESS	1886 ROUTE 52		13 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TOLLMAN, STANLEY		22 NAME		
STREET ADDRESS	1886 ROUTE 52		23 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, MONTY D		32 NAME		
STREET ADDRESS	1886 ROUTE 52		33 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		34 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	FREEDMAN, SANFORD		42 NAME		
STREET ADDRESS	1886 ROUTE 52		43 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	ARO, THOMAS		52 NAME		
STREET ADDRESS	1886 ROUTE 52		53 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		54 CITY-ST-ZIP		
TITLE	V	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, CHARLES D		62 NAME		
STREET ADDRESS	1886 ROUTE 52		63 STREET ADDRESS		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533		64 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: _____ (212) 838-3120

CR2E034 (9/96)