

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

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90024 035 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M41598**

1. Corporation Name  
**CRITERION HOTEL MANAGEMENT CORP.**

Principal Place of Business 3250 MARY ST. SUITE 500 MIAMI FL 33133-5232 US	Mailing Address 3250 MARY ST. SUITE 500 MIAMI FL 33133-5232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1950 Stemmons Freeway Suite, Apt. #, etc. 22 Suite 6001 City & State 23 Dallas, Texas Zip 24 75207	2a. Mailing Address 26 1950 Stemmons Freeway Suite, Apt. #, etc. 27 Suite 6001 City & State 28 Dallas, Texas Zip 29 75207	3. Date Incorporated or Qualified 11/13/1986	4. FEI Number 59-2753577	Applied For Not Applicable
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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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PELTZ, ARVIN**  
 3250 MARY ST.  
 SUITE 500  
 MIAMI FL 33133

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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP <input checked="" type="checkbox"/> DELETE	1.1 TITLE CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEISER, SHERWOOD M.	1.2 NAME James D. Carreker
STREET ADDRESS	3250 MARY ST. #500	1.3 STREET ADDRESS 1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP Dallas, Texas 75207
TITLE	DVC <input checked="" type="checkbox"/> DELETE	2.1 TITLE President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTON, DONALD E.	2.2 NAME Leslie V. Bentley
STREET ADDRESS	3250 MARY ST. #500	2.3 STREET ADDRESS 1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP Dallas, Texas 75207
TITLE	VAS <input checked="" type="checkbox"/> DELETE	3.1 TITLE Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIBLEY, PETER L.	3.2 NAME Lawrence S. Jones
STREET ADDRESS	3250 MARY ST. #500	3.3 STREET ADDRESS 1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL 33133	3.4 CITY-ST-ZIP Dallas, Texas 75207
TITLE	STV <input checked="" type="checkbox"/> DELETE	4.1 TITLE Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMLING, W. PETER	4.2 NAME Carla S. Moreland
STREET ADDRESS	3250 MARY ST. #500	4.3 STREET ADDRESS 1950 Stemmons Frwy #6001
CITY-ST-ZIP	MIAMI FL 33133	4.4 CITY-ST-ZIP Dallas, Texas 75207
TITLE	VAS <input checked="" type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEWITT, THOMAS F.	5.2 NAME
STREET ADDRESS	3250 MARY ST. #500	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33133	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

1.1 TITLE	CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James D. Carreker
1.3 STREET ADDRESS	1950 Stemmons Frwy #6001
1.4 CITY-ST-ZIP	Dallas, Texas 75207
2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Leslie V. Bentley
2.3 STREET ADDRESS	1950 Stemmons Frwy #6001
2.4 CITY-ST-ZIP	Dallas, Texas 75207
3.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lawrence S. Jones
3.3 STREET ADDRESS	1950 Stemmons Frwy #6001
3.4 CITY-ST-ZIP	Dallas, Texas 75207
4.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Carla S. Moreland
4.3 STREET ADDRESS	1950 Stemmons Frwy #6001
4.4 CITY-ST-ZIP	Dallas, Texas 75207
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 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, with all other like empowered.

SIGNATURE: Lawrence S. Jones SIGNATURE REQUIRED: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE #: 214/863-1000

CR2E034 (11/98)