FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P12470 (1)**

1. Corporation Name

THE CTF HOTEL MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2655 LEJEUNE RD STE 800 CORAL GABLES FL 33134 US	2655 LEJEUNE RD STE 800 CORAL GABLES FL 33134 US

3. Date Incorporated or Qualified: **12/11/1986**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business	2a. Mailing Address
21 29800 Bainbridge Road	26 29800 Bainbridge Road
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Tax Dept.
City & State 23 Solon, OH	City & State 28 Solon, OH
Zip / Country 24 44139-2297 / 25 U.S.	Zip / Country 29 44139-2297 / 30 U.S.

4. FEI Number: **34-1217655** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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, typed or printed name of Registered Agent, and title if applicable) (Note: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	CHOI, JAMES K		12 NAME		
STREET ADDRESS	2655 LEJEUNE RD #800		13 STREET ADDRESS	17/F New World Tower II, 16-18 Queen's Rd	
CITY-ST-ZIP	CORAL GABLES FL		14 CITY-ST-ZIP	Solon, OH 44139-2297	
TITLE	VP	☒ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	RIECK, ERWIN J		22 NAME		
STREET ADDRESS	2655 LEJEUNE RD #800		23 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		24 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	31 TITLE	D/VP/T	☒ Change ☐ Addition
NAME	OLESEN, ROBERT W		32 NAME		
STREET ADDRESS	2655 LEJEUNE RD #800		33 STREET ADDRESS	29800 Bainbridge Road	
CITY-ST-ZIP	CORAL GABLES FL		34 CITY-ST-ZIP	Solon, OH 44139-2297	
TITLE	DVP	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	STAUFFER, THOMAS G.		42 NAME		
STREET ADDRESS	29800 BAINBRIDGE ROAD		43 STREET ADDRESS		
CITY-ST-ZIP	SOLON OH		44 CITY-ST-ZIP		
TITLE	VPS	☐ DELETE	51 TITLE		☒ Change ☐ Addition
NAME	HEININGER, K D		52 NAME		
STREET ADDRESS	2655 LEJEUNE RD #800		53 STREET ADDRESS	29800 Bainbridge Road	
CITY-ST-ZIP	CORAL GABLES FL		54 CITY-ST-ZIP	Solon, OH 44139-2297	
TITLE	AS	☒ DELETE	61 TITLE	AS	☐ Change ☒ Addition
NAME	MARTIN, LAWRENCE E.		62 NAME	Hornbacher, Bradley D.	
STREET ADDRESS	29800 BAINBRIDGE ROAD		63 STREET ADDRESS	29800 Bainbridge Road	
CITY-ST-ZIP	SOLON OH		64 CITY-ST-ZIP	Solon, OH 44139-2297	

CR2E034 (12/95)

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)(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: _____ 4/25/96 (216)498-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
K. Daniel Heininger, Vice Pres./Secretary