

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

FILED  
May 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P12490** (9)

1. Corporation Name  
**BELZ HOTEL MANAGEMENT CO., INC.**

Principal Place of Business

**530 OAK COURT, STE 300  
MEMPHIS TN 38187-1199  
US**

Mailing Address

**530 OAK COURT, STE 300  
MEMPHIS TN 38187-1199  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/12/1986**

4. FEI Number  
**62-1157955**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business  
21 **100 Peabody Place**  
Suite, Apt. #, etc.

22 **Suite 1400**

23 **Memphis, TN**

24 **38103**

25 **US**

2a. Mailing Address  
26 **100 Peabody Place**  
Suite, Apt. #, etc.

27 **Suite 1400**

28 **Memphis, TN**

29 **38103**

30 **US**

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 reinstating)

DATE

OFFICERS AND DIRECTORS

12. ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
BELZ, MARTIN S.  
530 OAK COURT #300  
MEMPHIS TN**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**STD  
WILLIAMS, JIMMIE D.  
530 OAK COURT #300  
MEMPHIS TN**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
BELZ, RONALD A.  
530 OAK COURT #300  
MEMPHIS TN**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GROVEMAN, ANDREW  
530 OAK COURT # 300  
MEMPHIS TN**

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
NOVICK, KEITH  
530 OAK COURT, STE 200  
MEMPHIS TN 38187-1199**

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

**Jimmie D. Williams**

**4/28/92**

**(601) 712-7944**

CR2E034 (10/97)