

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14556

1. Corporation Name

COASTAL HOTEL GROUP, INC.

Principal Place of Business

**211 E ONTARIO
400
CHICAGO IL 60611
US**

Mailing Address

**211 E ONTARIO
400
CHICAGO IL 60611
US**

2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

City & State

23

City & State

27

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS

TITLE	SMS	<input type="checkbox"/> DELETE
NAME	STEPHAN, CHRISTOPHER	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PMS	<input type="checkbox"/> DELETE
NAME	HORN, HELMUT	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	MS	<input type="checkbox"/> DELETE
NAME	WILHELM, PHILLIP H.	
STREET ADDRESS	211 E ONTARIO S400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	TMS	<input type="checkbox"/> DELETE
NAME	HERSHMAN, GRAHAM	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	MS	<input type="checkbox"/> DELETE
NAME	NEIMAN, CARY	
STREET ADDRESS	211 E ONTARIO 400	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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:

Graham Hershman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

312-988-9888

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90080 050 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1987

4. FEI Number

36-3513905

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

CR2E034 (1/98)