

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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P19623 (8)
1. Corporation Name
TOLLMAN-HUNDLEY MANAGEMENT SERVICES, INC.



Principal Place of Business C/O TOLLMAN HUNDLEY HOTELS 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533	Mailing Address C/O TOLLMAN HUNDLEY HOTELS 1886 ROUTE 52 HOPEWELL JUNCTION NY 12533
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*DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/13/1988	
21		26		4. FEI Number 59-2883631	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES 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	
				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TOLLMAN, STANLEY S			1.2 NAME	TOLLMAN, BRETT G.		
STREET ADDRESS	1886 ROUTE 52			1.3 STREET ADDRESS	1886 ROUTE 52		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533			1.4 CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533		
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HUNDLEY, MONTY D			2.2 NAME	KENDZIERA, CRAIG		
STREET ADDRESS	1886 ROUTE 52			2.3 STREET ADDRESS	1886 ROUTE 52		
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533			2.4 CITY-ST-ZIP	HOPEWELL JUNCTION, NY 12533		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREEDMAN, SANFORD			3.2 NAME			
STREET ADDRESS	1886 ROUTE 52			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533			3.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OUTLER, JAMES A			4.2 NAME			
STREET ADDRESS	1886 ROUTE 52			4.3 STREET ADDRESS			
CITY-ST-ZIP	HOPEWELL JUNCTION NY 12533			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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			

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.

CR2E034 (10/97)