

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:24

DOCUMENT # **P20292 (9)**

1. Corporation Name  
**RENAISSANCE HOTELS FLORIDA INC.**

Principal Place of Business	Mailing Address
5445 FORBES PALCE ORLANDO FL 32812	2655 LEJEUNE ROAD SUITE 800 CORAL GABLES FL 33134 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2655 Le Jeune Road	26	2655 Le Jeune Road	08/01/1988	03/24/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22	Suite 800	27		59-2955824	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	Coral Gables, FL	28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	33134	29		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City

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.

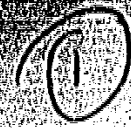
SIGNATURE \_\_\_\_\_ (Print name, typed or printed name of registered agent and file # application. (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Director/Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOI, JAMES K.C.	1.2 NAME	Thomas S. Stauffer
STREET ADDRESS	2655 LEJEUNE RD, Suite 800	1.3 STREET ADDRESS	29800 Bainbridge Road
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	Solon, OH 44139
TITLE	<del>VPO</del> Vice President	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIECK, ERWIN J.	2.2 NAME	
STREET ADDRESS	2655 LEJEUNE RD, Suite 800	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	
TITLE	<del>VP</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>MATLOF, RICHARD</del>	3.2 NAME	
STREET ADDRESS	<del>2655 LEJEUNE ROAD</del>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	3.4 CITY-ST-ZIP	
TITLE	<del>VPO</del> Vice President	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLESEN, ROBERT W.	4.2 NAME	
STREET ADDRESS	2655 LEJEUNE RD, Suite 800	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	
TITLE	<del>VPO</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GAFFNEY, PATRICK</del>	5.2 NAME	
STREET ADDRESS	<del>2655 LEJEUNE RD #800</del>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<del>CORAL GABLES FL</del>	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEININGER, K. DANIEL	6.2 NAME	
STREET ADDRESS	2655 LE JEUNE RD #800	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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)(b), 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 on it made under oath. 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 of this report as an attachment with an address.

SIGNATURE: K. Daniel Heininger K. Daniel Heininger, Secretary 1/21/95 (305)460-1900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXECUTIVE OFFICES  
2655 LE JEUNE ROAD, SUITE 800  
CORAL GABLES, FL 33134, USA  
TELEPHONE 1 (305) 460-4232  
FAX 1 (305) 567-3043



**LEGAL DEPARTMENT**

**RENAISSANCE**  
HOTELS INTERNATIONAL

February 13, 1995

STATE OF FLORIDA  
Division of Corporations  
Annual Reports  
P.O. Box 1500  
Tallahassee, FL 32302-1500

**Re: 1995 ANNUAL REPORTS**

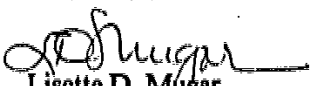
Dear Sir or Madam:

Enclosed please find a 1995 Annual Report along with a check in the amount of \$200.00 for each of the following corporations:

<u>Name of corporation</u>	<u>Document No.</u>
Renaissance Hotels Florida Inc.	P20292
Franchise System Holdins, Inc.	F94000002359

Should you have any questions, please call me at (305)460-4226. Thank you for your attention to this matter.

Very truly yours,

  
Lisette D. Mugar  
Corporate Legal Assistant

/ldm  
Enclosures