


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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P28387 (9) 1. Corporation Name SAMANTHA HOTEL CORPORATION					
Principal Place of Business 410 N. 44TH ST., #700 PHOENIX AZ 85008			Mailing Address 410 N. 44TH ST., #700 PHOENIX AZ 85008		
2. Principal Place of Business 21 755 Crossover Lane Suite, Apt. #, etc. 22 City & State 23 Memphis, TN Zip 24 38117-4900		2a. Mailing Address 26 755 Crossover Lane Suite, Apt. #, etc. 27 City & State 28 Memphis, TN Zip 29 38117-4900		3. Date Incorporated or Qualified 03/05/1990 4. FEI Number 04-3070970 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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					
12. OFFICERS AND DIRECTORS TITLE PD NAME KELLEHER, RICHARD STREET ADDRESS 410 N. 44TH STREET, SUITE 700 CITY-ST-ZIP PHOENIX AZ 85008 TITLE VISO NAME HEUCK, DAVID A. STREET ADDRESS 410 N. 44TH STREET, SUITE 700 CITY-ST-ZIP PHOENIX AZ 85008 TITLE SD NAME BROWN, BEVERLY S. STREET ADDRESS 410 N. 44TH STREET, SUITE 700 CITY-ST-ZIP PHOENIX AZ 85008 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 755 Crossover Lane 1.4 CITY-ST-ZIP Memphis, TN 38117-4900 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE Secretary/Director 3.2 NAME Kristin S. Schloemer 3.3 STREET ADDRESS 410 N. 44th St., #700 3.4 CITY-ST-ZIP Phoenix, AZ 85008 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		



DO NOT WRITE IN THIS SPACE

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: Kristin S. Schloemer 4/2/98 (602)220-6666

CP2E034 (10/97)