

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

FILED
Apr 22 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 # **P29579** (0)
1. Corporation Name
GP SOUTHWEST HOTELS, INC.

Principal Place of Business 41-99 MAIN ST 2ND FLOOR FLUSHING NY 11355 US	Mailing Address 41-99 MAIN STREET 2ND FLOOR FLUSHING NY 11355 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/31/1990	
4. FEI Number 13-3520370	Applied For <input type="checkbox"/> Not Applicable
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
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	

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
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9. Name and Address of Current Registered Agent

**HEINEMANN JR., ROBERT W.
8333 DIX ELLIS TRAIL
JACKSONVILLE FL 32256**

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

12. TITLE	P	11.1 TITLE	11.1 TITLE
NAME	LIN, MICHAEL	11.2 NAME	11.2 NAME
STREET ADDRESS	41-99 MAIN STREET, 2ND FLOOR	11.3 STREET ADDRESS	11.3 STREET ADDRESS
CITY-ST-ZIP	FLUSHING NY	11.4 CITY-ST-ZIP	11.4 CITY-ST-ZIP
TITLE	VST	2.1 TITLE	2.1 TITLE
NAME	HEINEMANN, ROBERT W., JR	2.2 NAME	2.2 NAME
STREET ADDRESS	8333 DIX ELLIS TRAIL	2.3 STREET ADDRESS	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE	3.1 TITLE
NAME	HEINEMANN, ROBERT W., JR	3.2 NAME	3.2 NAME
STREET ADDRESS	8333 DIX ELLIS TRAIL	3.3 STREET ADDRESS	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE	4.1 TITLE
NAME		4.2 NAME	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE	5.1 TITLE
NAME		5.2 NAME	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE		6.1 TITLE	6.1 TITLE
NAME		6.2 NAME	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	
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.

SIGNATURE:

4/10/98 718-359-4321

CR2E034 (10/97)