


FILE NOW: FILING FEE AFTER MAY 1ST IS \$500.00

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32335 (2)
1. Corporation Name
DAVIDSON HOTEL COMPANY

Principal Place of Business
1755 LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119

Mailing Address
1755 LYNNFIELD ROAD, SUITE 142
MEMPHIS TN 38119



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/28/1990	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 58-1268370	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent INTRASTATE REGISTERED AGENT CORPORATION 1916 SOUTH CENTRAL AVENUE LAKELAND FL 33802				10. Name and Address of New Registered Agent	
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.				81 Name	
SIGNATURE				82 Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered agent signature required when reinstating)				83	
DATE				84 City	
				85 Zip Code	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P HILL, WILTON D.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 LYNNFIELD RD., #142	1.2 NAME	
STREET ADDRESS	MEMPHIS TN	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S TIPTON, RALPH E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 LYNNFIELD RD., #142	2.2 NAME	
STREET ADDRESS	MEMPHIS TN	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V MILLS, LARRY M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1755 LYNNFIELD RD., #142	3.2 NAME	
STREET ADDRESS	MEMPHIS TN	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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

SIGNATURE: Larry M. Mills Larry M. Mills 2/23/98 901-761-4664

CP2E034 (10/97)