

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32558 (9)
 1. Corporation Name
GRACE HOTEL SERVICES CORPORATION



Principal Place of Business C/O W. R. GRACE & CO. ONE TOWN CENTER ROAD BOCA RATON FL 33486-1010	Mailing Address C/O W. R. GRACE & CO. ONE TOWN CENTER ROAD BOCA RATON FL 33486-1002
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3. Date Incorporated or Qualified 01/23/1991	3a. Date of Last Report 04/12/1996
4. FEI Number 13-3584911	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	30.

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	W. BRIAN MCGOWAN
STREET ADDRESS	ONE TOWN CENTER ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	T <input type="checkbox"/> DELETE
NAME	PAUL MCMAHON
STREET ADDRESS	1 TOWN CENTER RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	GORDON, R. M
STREET ADDRESS	ONE TOWN CENTER RD
CITY-ST-ZIP	BOCA RATON FL
TITLE	S <input type="checkbox"/> DELETE
NAME	CRAIG E. JAMESON
STREET ADDRESS	ONE TOWN CENTER ROAD
CITY-ST-ZIP	BOCA RATON FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	EUGENE A. KRAY
STREET ADDRESS	2363 CHIMNEY SPRINGS DRIVE
CITY-ST-ZIP	MARIETTA GA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert H. Beber
1.3 STREET ADDRESS	One Town Center Road
1.4 CITY-ST-ZIP	Boca Raton, FL 33486
2.1 TITLE	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Timothy M. Cremin
2.3 STREET ADDRESS	One Town Center Road
2.4 CITY-ST-ZIP	Boca Raton, FL 33486
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 do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Timothy M. Cremin* **Timothy M. Cremin**, Assistant Treasurer **3/19/97** **561-362-1306**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)

GRACE HOTEL SERVICES CORPORATION
One Town Center Road
Boca Raton, Florida 33486-1010

DIRECTORS

Robert H. Beber
Richard M. Gordon
W. Brian McGowan

OFFICERS

Richard M. Gordon
Paul McMahon
Craig E. Jameson
Robert B. Lamm
Timothy M. Cremin

President
Vice President & Treasurer
Secretary
Assistant Secretary
Assistant Treasurer

The address for the above directors and officers is the same as the heading.