


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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90013 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34524

1. Corporation Name
HALLWOOD HOTELS, INC.

Principal Place of Business

4441 W. AIRPORT FRWY
IRVING TX 75062
US

Mailing Address

3710 RAWLINS
STE. 1500
DALLAS TX 75219
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21		26		07/01/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		34-1682075	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
24		25		29	
29		30		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current 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
85	Zip Code

FL

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUZZETTI, WILLIAM L		1.2 NAME				
STREET ADDRESS	3710 RAWLINS SUITE 1500		1.3 STREET ADDRESS				
CITY-STATE-ZIP	DALLAS TX		1.4 CITY-STATE-ZIP				
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MELLE, MELVIN J.		2.2 NAME				
STREET ADDRESS	3710 RAWLINS, STE. 1500		2.3 STREET ADDRESS				
CITY-STATE-ZIP	DALLAS TX		2.4 CITY-STATE-ZIP				
TITLE	TAS	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KOENIG, JOSEPH P.		3.2 NAME				
STREET ADDRESS	3710 RAWLINS, STE. 1500		3.3 STREET ADDRESS				
CITY-STATE-ZIP	DALLAS TX		3.4 CITY-STATE-ZIP				
TITLE	CD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GUMBINER, ANTHONY J.		4.2 NAME				
STREET ADDRESS	3710 RAWLINS, STE. 1500		4.3 STREET ADDRESS				
CITY-STATE-ZIP	DALLAS TX		4.4 CITY-STATE-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MASON, KENNETH F.		5.2 NAME				
STREET ADDRESS	3710 RAWLINS, STE 1500		5.3 STREET ADDRESS				
CITY-STATE-ZIP	DALLAS TX		5.4 CITY-STATE-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-STATE-ZIP			6.4 CITY-STATE-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 change-1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin J. Melle 4-23-99 (214) 528-5588

Date

Daytime Phone #

CR2E034 (1/1/98)