

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90022 045 \*\*\*150.00

DOCUMENT # P94000064808

1. Corporation Name  
CHC HOTELS & RESORTS CORP.

Principal Place of Business

3250 MARY ST.  
SUITE 500  
MIAMI FL 33133

Mailing Address

3250 MARY ST.  
SUITE 500  
MIAMI FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1994

4. FEI Number

59-3307163

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 1950 Stemmons Freeway

Suite, Apt. #, etc.

22 Suite 6001

City & State

23 Dallas, Texas

Zip 75207

Country

24

2a. Mailing Address

26 1950 Stemmons Freeway

Suite, Apt. #, etc.

27 Suite 6001

City & State

28 Dallas, Texas

Zip 75207

Country

29

30

9. Name and Address of Current Registered Agent

PELTZ, ARVIN ESQ  
3250 MARY STREET  
SUITE 500  
MIAMI FL 33133

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 CDP ☒ DELETE  
NAME WEISER, SHERWOOD M.  
STREET ADDRESS 3250 MARY ST. SUITE 500  
CITY-ST-ZIP MIAMI FL

TITLE VST ☒ DELETE  
NAME TEMLING, W. PETER  
STREET ADDRESS 3250 MARY STREET., SUITE 500  
CITY-ST-ZIP MIAMI FL

TITLE DVC ☒ DELETE  
NAME LEFTON, DONALD E.  
STREET ADDRESS 3250 MARY STREET, SUITE 500  
CITY-ST-ZIP MIAMI FL

TITLE ASAT ☒ DELETE  
NAME BEZOLD, THOMAS  
STREET ADDRESS 3250 MARY STREET, SUITE 500  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEO ☐ Change ☐ Addition  
1.2 NAME James D. Carreker  
1.3 STREET ADDRESS 1950 Stemmons Freeway #6001  
1.4 CITY-ST-ZIP Dallas, Texas 75207

2.1 TITLE President ☐ Change ☐ Addition  
2.2 NAME Leslie V. Bentley  
2.3 STREET ADDRESS 1950 Stemmons Freeway #6001  
2.4 CITY-ST-ZIP Dallas, Texas 75207

3.1 TITLE Treasurer ☐ Change ☐ Addition  
3.2 NAME Lawrence S. Jones  
3.3 STREET ADDRESS 1950 Stemmons Freeway #6001  
3.4 CITY-ST-ZIP Dallas, Texas 75207

4.1 TITLE Secretary ☐ Change ☐ Addition  
4.2 NAME Carla S. Moreland  
4.3 STREET ADDRESS 1950 Stemmons Freeway #6001  
4.4 CITY-ST-ZIP Dallas, Texas 75207

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Lawrence S. Jones SIGNATURE: Lawrence S. Jones 214/863-1000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0192706

CR2E034 (11/98)