

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
CORPORATION DIVISION, ROOM 1200

APPROVED
AND
FILED

SEP 23 - 1 AM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000071943 (2)**

1. Corporation Name
CHC HOTEL MANAGEMENT CORP.

Principal Place of Business: **3250 MARY STREET, SUITE 500 MIAMI FL 33133**
Mailing Address: **3250 MARY STREET, SUITE 500 MIAMI FL 33133**

3. Date Incorporated or Reconstituted: **09/23/1994**
3a. Date of Last Report:
4. Filing Office: **59-3307760**
Applied For: Not Applicable:
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. Other Corporate Information: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State Apt # etc: **22**
City & State: **23**
24 **25** 29 **30**

9. Name and Address of Current Registered Agent
**PELTZ, ARVIN
3250 MARY STREET, SUITE 500
MIAMI FL 33133**

10. Name and Address of New Registered Agent
B1 Name:
B2 Street Address (P.O. Box Number, Not Applicable):
B3
B4 City: **FL** B5 Zip Code:

11. Pursuant to the provisions of Sections 607.03(3) and 607.13(4)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, to 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 the term "registered agent" under Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (N/A)	
DATE	D	DATE	PC
NAME	WEISER, SHERWOOD M	NAME	
STREET ADDRESS	3250 MARY STREET, SUITE 500	STREET ADDRESS	
CITY, STATE	MIAMI FL 33133	CITY, STATE	
DATE	D	DATE	AS
NAME	LEFTON, DONALD E	NAME	
STREET ADDRESS	3250 MARY STREET, SUITE 500	STREET ADDRESS	
CITY, STATE	MIAMI FL 33133	CITY, STATE	
DATE	✓	DATE	V
NAME		NAME	Sturgis Robert B
STREET ADDRESS		STREET ADDRESS	3250 Mary St. SU 40500
CITY, STATE		CITY, STATE	Miami FL 33133
DATE		DATE	VTS
NAME		NAME	Teanling W Peter
STREET ADDRESS		STREET ADDRESS	3250 Mary St. Suite 500
CITY, STATE		CITY, STATE	Miami FL 33133
DATE		DATE	VAS
NAME		NAME	Howitt, Thomas F
STREET ADDRESS		STREET ADDRESS	3250 Mary St. Suite 500
CITY, STATE		CITY, STATE	Miami FL 33133
DATE		DATE	V
NAME		NAME	Sibley, Peter L
STREET ADDRESS		STREET ADDRESS	3250 Mary St. Suite 500
CITY, STATE		CITY, STATE	Miami FL 33133

14. I, the undersigned, certify that the information requested with this filing is voluntarily furnished and does not equal, for the corporation stated in Sections 607.03(3) and 607.13(4)(b), Florida Statutes, a further filing, that the information included 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. I am an officer or director of the corporation or the owner of the corporation and I have expressed my consent to this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, on Block 1, of a newspaper or on an official journal with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF GOING OFFICER OR DIRECTOR: **W. Peter Teanling (Sec.) 4-07 (602) 445-2493**