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Apr 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000019639 (0)

1. Corporation Name
STOCKTON HOTEL, INC.

Principal Place of Business
250 VALENCIA AVE.
CORAL GABLES FL 33134

Mailing Address
250 VALENCIA AVE.
CORAL GABLES FL 33134-5906



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/10/1995		3a. Date of Last Report 04/23/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 65-0571667		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		5.00 May Be Added to Fees	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		30			

9. Name and Address of Current Registered Agent

MILLER, GEORGE
250 VALENCIA AVE.
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE	1.2 NAME	
STREET ADDRESS	250 VALENCIA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID C HENNESSY	2.2 NAME	
STREET ADDRESS	22481 PLEASANT PARK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONIFER CO 80433	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOEL S. BERKOWITZ	3.2 NAME	
STREET ADDRESS	2115 KNAAB DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOZEMAN MT 59715	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM O COOLEY	4.2 NAME	
STREET ADDRESS	10836 PLEASANT HILL DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD 20854	4.4 CITY-ST-ZIP	
TITLE	A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, LYNDA	5.2 NAME	
STREET ADDRESS	4815 S PINE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	EVERGREEN CO 80439	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	A
STREET ADDRESS		6.3 STREET ADDRESS	Simpson, Anna M.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	850 Hangmans Road Bailey, CO 80421

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 if changed, or on an attachment with an address.

SIGNATURE: _____ David C. Hennessy 4/17/97 (303) 697-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)