

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

FILED
Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90043 032 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P97000098910

1. Corporation Name
JHM FLORIDA HOTELS MANAGEMENT, INC.



Principal Place of Business
 105 E. ROBINSON STREET
 SUITE 201
 ORLANDO FL 32801

Mailing Address
 P.O. BOX 3628
 ORLANDO FL 32802-3628

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

3. Date Incorporated or Qualified
11/20/1997

4. FEI Number
58-2355643

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

9. Name and Address of Current Registered Agent
CUROTTO, DONALD
105 E. ROBINSON STREET
SUITE 201
ORLANDO FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAMA, J P	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	RAMA, H P	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RAMA, M P	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAMA, D P	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	RAMA, R P	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAMA, D J	
STREET ADDRESS	880 S PLEASANTBURG DRIVE SUITE 3-G	
CITY-ST-ZIP	GREENVILLE SC 29607	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *Jayanti P. Rama* **JAYANTI P. RAMA** 1/27/99 864-732-9944
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)