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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

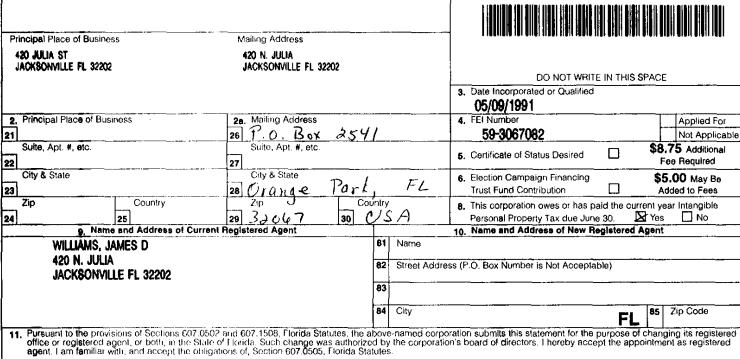
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S51172

AMBASSADOR HOTEL OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address 420 JULIA ST 420 N. JULIA JACKSONVILLE FL 32202 JACKSONVILLE FL 32202

FILED May 12 1998 8:00am Secretary of State



SIGNATURE Signature, typed or printed name of registered agent and blie if applicable (NOTE Registered Agent signature required when relestating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, DELETE Change Addition TITLE 1.1 TITLE WILLIAMS, JAMES D NAME 1.2 NAME 420 N. JULIA 2822 Circle Ridge Dr. STREET ADDRESS 1.3 STREET ADDRESS Jacksonville fl 32202 CITY-ST-2IF 1.4 City-St-ZiP DELETE Addition TITLE 21 TITLE WILLIAMS, JAMES B. 22 NAME 9820 CREEKFRONT . #404 2822 Circle Ridge Dr. STREET ADDRESS 23 STREET ADDRESS JACKSONVILLE F Orange Part 2. 4 CITY - ST - ZIP CITY-ST-ZIP ☐ DELETE Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 1/TLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-7IP CITY-ST-ZIP lorida Statutes. I further certify that the information

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section indicated on this annual report or supplemental annual point is true and accurate and that my signature shall be officer or director of the confuration or the receiver or trustice empowered to execute this report as required by officer. legal effect as if made under oath; that I am an Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or