FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 21 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 DOCUMENT # \$76040 (2)HOTEL INVESTORS OF ORLANDO, INC. Principal Place of Business Mailing Address P.O. BOX 7193 44 BRICKELL AVE FT. LAUDERDALE FL 33338-7183 **SUITE 1050** MIAMI FL 33131 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996 08/27/1991 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0284101 21 5200 Blue Lagoon Dr. 26 Not Applicable Suite, Apt. #, etc. Suite Apt. # etc. \$8.75 Additional 5. Certificate of Status Desired Suite 600 City & State Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be 23 Miami, FL Trust Fund Contribution 28 Added to Fees Country Zιp 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 33126 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LEDER, NATHAN I. 444 BRICKELL AVE Street Address (P.O. Box Number is Not Acceptable) SUITE 1050 5200 Blue Lagoon Drive 63 **MIAMI FL 33131** Suite 600 Miami, FL 84 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 farmitar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)☐ Change DELETE 11 TITLE 100 BODENHAMER, WILLIAM H,JR 12 NAME NAME 1330 SE 4TH AVE, SUITE D STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 1.4 CITY - ST-ZIP CITY-ST-7IP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST - ZIP C01Y - \$1-2IP Change DELETE Addition TUTLE 3.1 TITLE 3.2 NAME NAMi STREET ADDRESS 3.3 STREET ADDRESS CHTY - S1 - ZIP 34 CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE NAM! 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-SI-7P DELETE Addition TITLE 5.1 TITLE 5.2 NAME

6.4 CITY-ST-ZIP 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 arrived 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

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CITY-ST-7P

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NAME

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