

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S88703 (1)
 1. Corporation Name
NEW BERN HOTELS, INC.



Principal Place of Business C/O CLARENDON NATURAL INSURANCE COMPANY 1 BICENTENNIAL PARK NEW BERN NC 28580 US	Mailing Address C/O CLARENDON NATURAL INSURANCE COMPANY PO BOX 130 NEW BERN NC 28580 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 10/21/1991	4. FEI Number 59-3104578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301				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			
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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 PD <input type="checkbox"/> DELETE NAME JOHNSON, GARY STREET ADDRESS 1177 AVE OF AMERICAS 44TH & 45TH FLOOR CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE P 1.2 NAME JOHNSON, GARY 1.3 STREET ADDRESS 1177 AVE. OF THE AMERICAS 1.4 CITY-ST-ZIP NEW YORK, N.Y. 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD <input type="checkbox"/> DELETE NAME FERGUSON, ROBERT D. STREET ADDRESS 1177 AVE OF AMERICAS 44TH & 45TH FLOORS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE VSD 2.2 NAME FERGUSON, ROBERT D. 2.3 STREET ADDRESS 1177 AVE. OF THE AMERICAS 2.4 CITY-ST-ZIP NEW YORK, N.Y. 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD <input type="checkbox"/> DELETE NAME BAIN, JAMES STREET ADDRESS 1177 AVE OF AMERICAS 44TH & 45TH FLOORS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE D.S. 3.2 NAME BAIN, JAMES 3.3 STREET ADDRESS 1177 AVE. OF THE AMERICAS 3.4 CITY-ST-ZIP NEW YORK, N.Y. 10036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ASAT <input checked="" type="checkbox"/> DELETE NAME RINEHART, VICKIE J. STREET ADDRESS 1177 AVE OF AMERICAS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE VD 4.2 NAME CORTEVILLE, THOMAS D. 4.3 STREET ADDRESS 1177 AVE. OF THE AMERICAS 4.4 CITY-ST-ZIP NEW YORK, N.Y. 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input checked="" type="checkbox"/> DELETE NAME VAUGHN, RICHARD STREET ADDRESS 1177 AVE OF AMERICAS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE I 5.2 NAME WILDNER, CARL J. 5.3 STREET ADDRESS 1177 AVE. OF THE AMERICAS 5.4 CITY-ST-ZIP N.Y. N.Y. 10036	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AT <input checked="" type="checkbox"/> DELETE NAME ZOTIAN, EDWARD V STREET ADDRESS 1177 AVE OF AMERICAS 44&45TH FLOORS CITY-ST-ZIP NEW YORK NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE _____

CR2E034 (10/97)