

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V14286 (1)**
1. Corporation Name
HOTEL FUND, INC.



Principal Place of Business: **1201 HAYS STREET 2ND FLOOR TALLAHASSEE FL 32301**
Mailing Address: **1201 HAYS STREET 2ND FLOOR TALLAHASSEE FL 32301**

2. Principal Place of Business (21-24) and Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/14/1992**
3a. Date of Last Report: **02/08/1995**
4. FEI Number: **58-1994708**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **CORPORATION INFORMATION SERVICES INC. 1201 HAYS STREET TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when fee change.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVACK, EDMUND S.	1.2 NAME	
STREET ADDRESS	5901 MONTROSE ROAD #N409	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVACK, EDMUND S.	2.2 NAME	
STREET ADDRESS	5901 MONTROSE ROAD (N-409)	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVACK, EDMUND S.	3.2 NAME	
STREET ADDRESS	5901 MONTROSE ROAD (N-409)	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIVACK, EDMUND S.	4.2 NAME	
STREET ADDRESS	5901 MONTROSE ROAD (N-409)	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMELA, MARYLYN	5.2 NAME	
STREET ADDRESS	20421 IVYBRIDGE COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* **3/21/96** 301-881-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (12/95)