

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

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May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V36184** (2)

1. Corporation Name  
**RESOLUTION HOSPITALITIES, INC.**

Principal Place of Business  
**1100 LINTON BLVD.  
STE. C-9  
DELRAY BEACH FL 33444  
US**

Mailing Address  
**P. O. BOX 4727 N/A  
PORTSMOUTH NH 03802  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/14/1992</b>	
21	Suite, Apt. #, etc.	26	<b>1000 Market St</b>	4. FEI Number <b>65-0336367</b>	Applied For Not Applicable
22	City & State	27	<b>Bldg 1</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	<b>Portsmouth NH</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	<b>03801</b>	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		10. Name and Address of New Registered Agent	
<b>CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		<b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<b>P</b>
NAME	<b>AKRIDGE, DAVID</b>	1.2 NAME	<b>Akridge David</b>
STREET ADDRESS	<b>ONE CATE STREET, STE. 3</b>	1.3 STREET ADDRESS	<b>1000 Market St, Bldg 1</b>
CITY-ST-ZIP	<b>PORTSMOUTH NH</b>	1.4 CITY-ST-ZIP	<b>Portsmouth NH 03801</b>
TITLE	<b>V</b>	2.1 TITLE	
NAME	<b>WALSH, MICHAEL</b>	2.2 NAME	
STREET ADDRESS	<b>1100 LINTON BLVD, STE. C-9</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>CRITCHFIELD, RICHARD H.</b>	3.2 NAME	
STREET ADDRESS	<b>1100 LINTON BLVD., STE. C-9</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

*[Signature]*

3/17/98

CP2E034 (10/97)