

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

FILED
Jan 30 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 # P26067 (9)
 1. Corporation Name
RAMADA FRANCHISE SYSTEMS, INC.



Principal Place of Business 6 SYLVAN WAY PARSIPPANY NJ 07054	Mailing Address 6 SYLVAN WAY PARSIPPANY NJ 07054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6 Sylvan Way	26 6 Sylvan Way			09/20/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				22-2993446	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 Parsippany, NJ		28 Parsippany, NJ		\$8.75 Additional Fee Required	
24 Zip 07054		29 Zip 07054		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 Country USA		30 Country USA		\$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				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELMONTE, STEVEN	1.2 NAME	
STREET ADDRESS	3 GOLDEN CORNER WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH NJ	1.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACO, MICHAEL P	2.2 NAME	
STREET ADDRESS	350 EAST 79TH STREET APT 33A	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M	3.2 NAME	
STREET ADDRESS	47 N. VAN DIEN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORBES, SCOTT	4.2 NAME	
STREET ADDRESS	132 WASHINGTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKMAN, JAMES	5.2 NAME	
STREET ADDRESS	99 WOODFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHORT HILLS NJ	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 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: *Scott Forbes* **SCOTT FORBES, Sr. Vice President**

1/20/98

CR2E094 (10/97)