

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P37822 (4)

1. Corporation Name
RAE HOTEL CORPORATION



Principal Place of Business: C/O CHRYSLER CAPITAL CORPORATION, 225 HIGH RIDGE ROAD, STAMFORD CT 06905
Mailing Address: C/O CHRYSLER CAPITAL CORPORATION, 225 HIGH RIDGE ROAD, STAMFORD CT 06905

3. Date Incorporated or Qualified: 03/09/1992
3a. Date of Last Report: 05/23/1995
4. FEI Number: 06-1227202
Applied For: Not Applicable
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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
22. Suite, Apt. #, etc.
23. City & State
24. Zip Country
25. Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip Country
29. Zip Country
30. Zip Country

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
85 Zip Code: FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BISHOP, W. S.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PETERSON, M. O.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WISE, C. L.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SIMMONS, RUBEN	
STREET ADDRESS	%225 HIGH RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CANTWELL, D. M.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LATHAM, P. H.	
STREET ADDRESS	%225 HIGH RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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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)(b) 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/96 203-975-3000
Date Daytime Phone #

CR2E034 (12/95)