SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995 7-3695

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

B-7631-C

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:15

DOCUMENT # 716558 (2)

1. Corporation Name

BROWARD COUNTY HOTEL AND MOTEL ASSOCIATION, INC.

Principal Place of Business
2701 E SUNRISE BLVD
SUNRISE BAY BLDG STE 111
FT. LAUDERDALE FL 33304
US

Mailing Address
2701 E SUNRISE BLVD
SUNRISE BAY BLDG STE 111
FT. LAUDERDALE FL 33304
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1969
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1517974 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

LEONARD, WILLIAM F.
4875 N. FEDERAL HWY, 10TH FLOOR
FT. LAUDERDALE FL 33308

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

11 Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William F. Leonard (signature) — DATE: 6/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HARWELL, TOM	12 NAME	
STREET ADDRESS	1870 GRIFFIN ROAD	13 STREET ADDRESS	
CITY ST ZIP	DANIA FL	14 CITY ST ZIP	
TITLE	PD	21 TITLE	PED (XX Change ☐ Addition)
NAME	GOLDFARB, PHILIP S.	22 NAME	Timothy J. Brennan
STREET ADDRESS	2670 E. SUNRISE BLVD.	23 STREET ADDRESS	SHERATON AIRPORT HOTEL
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP	1825 Griffin Rd., Dania, FL 33003
TITLE	SD	31 TITLE	SD (XX Change ☐ Addition)
NAME	BELL, BUSH	32 NAME	Harve Rosenthal
STREET ADDRESS	311 N UNIV DR.	33 STREET ADDRESS	SUNRISE HILTON INN
CITY ST ZIP	PLANTATION FL	34 CITY ST ZIP	3003 N University Dr., Sunrise, FL 33322
TITLE	D	41 TITLE	TD (☐ Change ☐ Addition)
NAME	MILLER, JACK	42 NAME	John Fazzino
STREET ADDRESS	2501 N OCEAN DR	43 STREET ADDRESS	THE RIVERSIDE HOTEL
CITY ST ZIP	HOLLYWOOD FL	44 CITY ST ZIP	620 Las Olas Blvd., Ft Lauderdale, FL
TITLE	TD	51 TITLE	VPD (XX Change ☐ Addition)
NAME	KRUSE, STEPHAN	52 NAME	Stephan Kruse
STREET ADDRESS	2000 N ATLANTIC BLVD	53 STREET ADDRESS	PELICAN BEACH RESORT
CITY ST ZIP	FT LAUDERDALE FL	54 CITY ST ZIP	2000 N Atlantic Blvd, Ft Lauderdale,FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X (signature) STEPHAN KRUSE, VICE PRES — 6-15-95 — 305 561-9883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

CR2E037 (3/95)

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