

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002839 (9)

1. Corporation Name

CONVENTION PLAZA INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

255 S. ORANGE AVE.
SUITE 800
ORLANDO FL 32801

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SUITE 800
ORLANDO FL 32801

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number: 59-3197932
Applied For: Not Applicable:

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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Country

29

Zip

Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, W. KELLY
255 S. ORANGE AVE.
SUITE 800
ORLANDO FL 32801

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 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

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

(NOTE: Registered Agent signature required when re-submitting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, W. KELLY	
STREET ADDRESS	255 S. ORANGE AVE., SUITE 800	
CITY-ST-ZIP	ORLANDO FL 32801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROSEN, HARRIS	
STREET ADDRESS	%7600 INTERNATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, JOHN	
STREET ADDRESS	%7101 LAKE ELLENOR DR.	
CITY-ST-ZIP	ORLANDO FL 32809	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William MacArthur	
1.3 STREET ADDRESS	425 W. Colonial Dr., Suite 204	
1.4 CITY-ST-ZIP	Orlando, FL 32804	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	John Smith	
3.3 STREET ADDRESS	8501 Commodity Circle	
3.4 CITY-ST-ZIP	Orlando, FL 32819	
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		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

W. Kelly Smith V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

(407)843-7300

Daytime Phone #

CR2E037 (12/95)