

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 08 1998 8:00am
Secretary of State

DOCUMENT # 532082 (5)
1. Corporation Name
HOTEL AND RESORT CONSULTANTS OF AMERICA, INC.

Principal Place of Business

1958 MAIN ST
SARASOTA FL 34236-5915

Mailing Address

1958 MAIN ST
SARASOTA FL 34236-5915



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-1738113

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 Fee

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KAHN, JACK CHRIS
1373 HARBOR DR.
SARASOTA FL 34239

61. Name

62. Street Address (P.O. Box Number is Not Acceptable)

63.

64. 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

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	KAHN, JACK CHRIS	
STREET ADDRESS	1373 HARBOR DR.	
CITY/ST/ZIP	SARASOTA FL	
TITLE	S	DELETE
NAME	KAHN, SUSANNE D.	
STREET ADDRESS	1373 HARBOR DR.	
CITY/ST/ZIP	SARASOTA FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY/ST/ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY/ST/ZIP		

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY/ST/ZIP	
21 TITLE	[] Change [] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY/ST/ZIP	
31 TITLE	[] Change [] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY/ST/ZIP	
41 TITLE	[] Change [] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY/ST/ZIP	
51 TITLE	[] Change [] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY/ST/ZIP	
61 TITLE	[] Change [] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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 registered agent; 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. If an attachment is required, attach it.

SIGNATURE

Jack Chris Kahn

9/30/98 941-211-7911

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