SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 704087

(6)

Mailing Address

FLORIDA HOTEL & MOTEL ASSOCIATION, INC.

200 W. COLLEGE ST P.O. BOX 1529 TALLAHASSEE FL 32302			200 W. COLLEGE ST P.O. BOX 1529 TALLAHASSEE FL 32302				3. Date Incorporated or Qualified 05/23/1962						
								4. FEI Number 59-0248210					lied For Applicable
2. Principal Place of Business			2a. Malling Address 26				5. Certificate of Status Des	ired			75 Ad ee Req	dditional uired	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees						
City & Stat	te		27 City & State				Trust Fund Contribution 7. Is this nonprofit corporal	lion a k	L			* * *	
23			28			ŀ	7. 19 this nonprofit corpora-	ion a r	Yes	No	aduon		
Z _{(p} Country			Zip Country					8. This corporation owes or has paid the current year Intangible					
24		[25]	29	30				Personal Property Tax of			Yes		No
	9. Name	and Address of Current	Registered Agent		81			10. Name and Address of	New R	egistered	Agent		
MAITO TI	IONIAO A				۱'	Name							
WAITS, TH	iumas a. Illege avi	EAU IC		1	32	Street	Address	s (P.O. Box Number is Not A	ccepta	ible)			
TALLAHAS				· ·	33								
INCLNING	OLL IL UZ	JU 1											
				1	84	City				FI	85	Zip Co	ode
11. Pursuant t office or re agent. I ar	to the provisi egistered age m familiar wi	ons of sections 617.0502 a ont, or both, in the State of th, and accept the obligation	nd 617.1508, Florida Statute Florida. Such change was a ns of, section 617.0503, Flo	s, the above outhorized by orida Statute	⊶na y th s.	med cor e corpor	rporation's	n submits this statement for t board of directors. I hereby a	he purp accept	pose of chi the appoir	anging it	s regist s regist	tered lered
SIGNATURE	Signature typed	or printed hame of registered agent i	and title if applicable. (N	OTF: Registered	d Agr	ant signatur	re required	i when reinstating)		DATE			
12.		OFFICERS AND	DIRECTORS	13.				ADDITIONS/CHANGES T	O OF F	FICERS A	ND OIRE	CTO	S IN 12
TITLE	CD		DELETE	1.1 TITL	F		D				K Cha	ange [Addition
NAME	HARDY, J		- '	1.2 NAM	4E							•	
STREET ADDRESS		ND CYPRESS BLVD		1.3 STR	EET	address							
CITY-ST-ZIP	ORLANDO	FL		1.4 CITY	r-ST-	ZIP					 		
TITLE	D		X DELETE	2 1 TITL	ŧ		SD				Cha	ange [X Addition
	RUSS, KIN			2.2 NAM	1F		HAW	KINS, FRED					
STREET ADDRESS	1160 GUL							0 Plantation		•			
CITY-ST-ZIP		TER BCH. FL		24 CITY		ZIP	1	otiva, FL 33	924				 ,
TITLE	SD	V UMITIALIAN V	☐ DELETE	3.1 TITL			TD				K Cha	ange [Addition
NAME		IY, WILLIAM W Ot resorts blvd.		3.2 NAV									
STREET ADDRESS	1	INA VISTA FL 32830-26	£2			ADDRESS							
CITY-ST-ZIP	CED	HA HOTA IL DEGOVEO		3.4 CITY 4.1 TITL			CD				_ K ∃Cha		-51415
NAME	JOHNSON	RON	DELETE	4.2 NAM							r ⊡ Una	inge [Addition
		MEADOWS ROAD STE	200			ADDRESS							
City-St-zip	JACKSOB'			4.4 CITY									
TITLE	TD	······································	DELETE	5.1 TITL			CED				XX _{Ch}	anne [Addition
NAME	THIRION,	JERRY	[] *****(F	5.2 NAM	1E							o- L	
STREET ADDRESS	475 SEAG	ate drive		53 S TR	EET	ADDRESS							
CITY-ST-ZIP	NAPLES F	L		54 CITY	-ST-	ZIP							
TITLE	PCEO		DELETE	6.1 TITL	F	1					Cha	ange [Addition
NAME	WAITS, TH			6.2 NAV	ΙE			70000		.] 4	C B at I	77	
						ADDRESS		70000	/13/	798 - 0	110%	(- · ()	21
CITY-ST-ZIP	TALLAHAS		rango mongono de estado de esta	6.4 CITY			L	* *	44. }	[[], [[]]	* * *	**[.]	
14. I hereby c indicated an officer in Block 1	ertify that the on this annu or director o 2 or Block 13	e information supplied with the alternation in the report or supplemental at the corporation or the recount of	this filing does not qualify for nnual report is true and acc elver or trustee empowered timent with an address.	the exempt urate and th to execute t	ion nat i this	stated in my signa report a	n sectior ature sh as requir	n 119.07(3)(i), Florida Statute nall have the same legal effet red by Chapter 617, Florida	ic I fur	ther certifu	that the	inform	ation
SIGNAT	URE: .	BIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICE	A A	//	rits		0/4/ Date	198		-229 Daylinie Plu		848

P037 (5/98)

FILED

Secretary of State

Aug 13 1998 8:00 am