


FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704234 (4)
1. Corporation Name FLORIDA HOTEL ASSOCIATION, INC.

Principal Place of Business 200 W COLLEGE AVENUE P.O. BOX 1529 TALLAHASSEE FL 32302	Mailing Address 200 W COLLEGE AVENUE P.O. BOX 1529 TALLAHASSEE FL 32302-1529
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

9. Name and Address of Current Registered Agent WAITS, THOMAS A. 200 W COLLEGE AVENUE TALLAHASSEE FL 32301	
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3. Date Incorporated or Qualified 06/28/1962	3a. Date of Last Report 03/11/1996
4. FEI Number 59-0248210	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 617.0502, Florida Statutes. SIGNATURE: Thomas A. Waits Pres/CEO 4/26/97	
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12. OFFICERS AND DIRECTORS	
TITLE CEO	<input type="checkbox"/> DELETE
NAME HARDY, JACK	
STREET ADDRESS ONE GRAND CYPRESS BLVD	
CITY-ST-ZIP ORLANDO FL	
TITLE CD	<input type="checkbox"/> DELETE
NAME RUSS, KIMBALL	
STREET ADDRESS 1160 GULF BLVD.	
CITY-ST-ZIP CLEARWATER BCH. FL	
TITLE PCEO	<input type="checkbox"/> DELETE
NAME WAITS, THOMAS A.	
STREET ADDRESS 200 W COLLEGE AVE	
CITY-ST-ZIP TALLAHASSEE, FL 00000	
TITLE JO	<input type="checkbox"/> DELETE
NAME JOHNSON, RON	
STREET ADDRESS 9250 BAYMEADOWS ROAD STE 200	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME THIRION, JERRY	
STREET ADDRESS 475 SEAGATE DRIVE	
CITY-ST-ZIP NAPLES FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SEATON, DON	
STREET ADDRESS 445 HAMDEN DR	
CITY-ST-ZIP CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE D	<input checked="" 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 CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE SD	<input type="checkbox"/> Change <input checked="" 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 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 as changed, or on an attachment with an address. SIGNATURE: Thomas A. Waits Pres/CEO 4/26/97 904/224-2818	
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FILED
97 APR 29 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (9/96)