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: \$238.25)

SIGNATURE:

AMOUNT DUE ON OR BEFORE 09/30/98 \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **FILED** ANNUAL REPORT Secretary of State Aug 13 1998 8:00 am 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 704234 FLORIDA HOTEL ASSOCIATION, INC. Principal Place of Business Mailing Address 200 W COLLEGE AVENUE 200 W COLLEGE AVENUE 3. Date Incorporated or Qualified P.O. BOX 1529 P.O. BOX 1529 06/28/1962 TALLAHASSEE FL 32302 TALLAHASSEE FL 32302 4. FEI Number Applied For 59-0248210 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Bo 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 _]Yes ∐_No 28 Zio Country Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ___ Yes 25 20 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WAITS, THOMAS A. 82 Street Address (P.O. Box Number is Not Acceptable) 200 W COLLEGE AVENUE 83 TALLAHASSEE FL 32301 City 84 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. Signalure, lyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRPCTORS IN 12 TITLE 1.1 TITLE DEL€TE HARDY, JACK NAME 1.2 NAME ONE GRAND CYPRESS BLVD STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE SD DELETE NAME RUSS, KIMBALL 2.2 NAME HAWKINS, FRED 1160 GULF BLVD. STREET ADDRESS 2.3 STREET ADDRESS 5400 Plantation Rd. CLEARWATER BCH. FL CITY-S1-ZIP 2.4 CITY-ST-ZIP Captiva, FL 33924 TITLE DELETE 3.1 TITLE NAME **Waits, Thomas A.** 3.2 NAME 200 W COLLEGE AVE STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE, FL 00000 CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE OD TITLE DELETE JOHNSON, RON NAME 4.2 NAME 9250 BAYMEADOWS ROAD STE 200 STREET ADDRES 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZiP 4.4 CITY-ST-ZIP CEDTITLE DELETE 51 TITLE Addition THIRION, JERRY NAME 5.2 NAME 475 SEAGATE DRIVE STREET ADDRESS 5.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE TDNAME MCCREARY, WILLIAM W 6.2 NAME 800002614948 1500 EPCOT RESORTS BLVD. STREET ADDRESS 6.3 STREET ADDRESS -08/13/98 - 01053 - 021LAKE BUENA VISTA FL 32830-2653 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 attacking in with an address. 6.4 CITY-ST-ZIP