


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



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

FILED
 Aug 13 1998 8:00 am
 Secretary of State

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

3. Date Incorporated or Qualified: 06/28/1962
 4. FEI Number: 59-0248210 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 Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: WAITS, THOMAS A., 200 W COLLEGE AVENUE, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CB	NAME: HARDY, JACK	1.1 TITLE	D
STREET ADDRESS: ONE GRAND CYPRESS BLVD	CITY-ST-ZIP: ORLANDO FL	1.2 NAME	
TITLE: D	NAME: RUSS, KIMBALL	1.3 STREET ADDRESS	
STREET ADDRESS: 1180 GULF BLVD.	CITY-ST-ZIP: CLEARWATER BCH. FL	1.4 CITY-ST-ZIP	
TITLE: CEO	NAME: WAITS, THOMAS A.	2.1 TITLE	SD
STREET ADDRESS: 200 W COLLEGE AVE	CITY-ST-ZIP: TALLAHASSEE, FL 00000	2.2 NAME	HAWKINS, FRED
TITLE: CEO	NAME: JOHNSON, RON	2.3 STREET ADDRESS	5400 Plantation Rd.
STREET ADDRESS: 9250 BAYMEADOWS ROAD STE 200	CITY-ST-ZIP: JACKSONVILLE FL	2.4 CITY-ST-ZIP	Captiva, FL 33924
TITLE: TD	NAME: THIRION, JERRY	3.1 TITLE	
STREET ADDRESS: 475 SEAGATE DRIVE	CITY-ST-ZIP: NAPLES FL	3.2 NAME	
TITLE: SD	NAME: MCCREARY, WILLIAM W	3.3 STREET ADDRESS	
STREET ADDRESS: 1500 EPCOT RESORTS BLVD.	CITY-ST-ZIP: LAKE BUENA VISTA FL 32830-2653	3.4 CITY-ST-ZIP	
		4.1 TITLE	CD
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	CD
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	TD
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 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 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: _____ T.A. Waits 8/11/98 856-224-2888

CR2E037 (5/98)