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Aug 18 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 731393 (5)
1. Corporation Name
SOUTHERN FLORIDA HOTEL AND MOTEL ASSOCIATION



Principal Place of Business Mailing Address
4045 SHERIDAN AVENUE #351 4045 SHERIDAN AVENUE #351
MIAMI BEACH FL 33140 MIAMI BEACH FL 33140-3665

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30

3. Date Incorporated or Qualified 12/16/1974 3a. Date of Last Report 04/10/1996
4. FEI Number 59-0862593 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KRAMER, CHARLES A.
4045 SHERIDAN AVENUE #351
MIAMI BEACH, 33140

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1997	
TITLE	STO-TD ALISON	1.1 TITLE	VD
NAME	KRAMER, ALISON	1.2 NAME	BEVERLYE WEINBERGER
STREET ADDRESS	4045 SHERIDAN AVE #351	1.3 STREET ADDRESS	4045 Sheridan Ave #351
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	PD	2.1 TITLE	SD
NAME	KRAMER, CHARLES A.	2.2 NAME	SUSAN V. KRAMER
STREET ADDRESS	4045 SHERIDAN AVE #351	2.3 STREET ADDRESS	4045 Sheridan Ave. #351
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33140
TITLE	VD	3.1 TITLE	
NAME	KRELLNSTEIN, CHESTER A	3.2 NAME	
STREET ADDRESS	4045 SHERIDAN AVE #351	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HANSFORD, ROSEMARY	4.2 NAME	
STREET ADDRESS	4045 SHERIDAN AVE., SUITE 351	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH. FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

CR2E037 (9/96)