FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **740045** **(0)**

1. Corporate Name

THE CENTRAL FLORIDA CHAPTER OF THE HOTEL SALES A ND MARKETING ASSOCIATION ITNERNATIONAL, INC

Principal Place of Business	Mailing Address
222 S. WESTMONTE DR., STE. #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127	222 S. WESTMONTE DR., STE. #101 P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1977
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-2698266 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business	Suite, Apt. #, etc	City & State	Zip	Country	2a. Mailing Address	Suite, Apt. #, etc	City & State	Zip	Country

9. Name and Address of Current Registered Agent

KAUTTER, WILLARD S.
222 S. WESTMONTE DR., STE. #101
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
(Typed or printed name of registered agent and title if applicable) (Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	ED	11 TITLE		☐ Change ☐ Addition
NAME	KAUTTER, WILLARD	12 NAME		
STREET ADDRESS	222 S. WESTMONTE DR. 101	13 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE	V	☒ Change ☐ Addition
NAME	AMMONS, RICK	22 NAME		
STREET ADDRESS	5715 MAJOR BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	C	31 TITLE	D	☒ Change ☐ Addition
NAME	GEIGER, RICH	32 NAME	WILLIAMS, THERESA	
STREET ADDRESS	7208 SAND LAKE RD.	33 STREET ADDRESS	4104 L.B. MCLEOD ROAD	
CITY-ST-ZIP	ORLANDO FL 32810	34 CITY-ST-ZIP	ORLANDO, FL 32811	
TITLE	V	41 TITLE	C	☒ Change ☐ Addition
NAME	SENA, JOEL	42 NAME		
STREET ADDRESS	278 SEMORAN COMMERCE PL	43 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	44 CITY-ST-ZIP		
TITLE	ST	51 TITLE	D	☒ Change ☐ Addition
NAME	LYNN, MUNOZ	52 NAME		
STREET ADDRESS	7975 CANDA AVE	53 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819	54 CITY-ST-ZIP		
TITLE	V	61 TITLE	S/T	☒ Change ☐ Addition
NAME	PAUL, SIMS	62 NAME	ONDERICK, MINDI	
STREET ADDRESS	419 QUAIL HOLLOW RD	63 STREET ADDRESS	7050 KIRKMAN ROAD	
CITY-ST-ZIP	AUBURNADLE FL 33823	64 CITY-ST-ZIP	ORLANDO, FL 32819	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: WILLARD KAUTTER Willard Kauttter 4/25/95 (407) 774-7880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0021010