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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

740045

(0)

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

Principal Place of E	Business	Mailing Address				
222 S. WESTMONTE DR., STE. #101 222 S. WESTMONTE DR., STE.			. STE. #101			
P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127		P. O. BOX 150127 ALTAMONTE SPRINGS FL 32715-7127				
						Date of Last Report 05/01/1995
				09/01/1977	1 05/0	
2. Principal Place	of Business	2a. Mailing Address	11/7	4. FEI Number	-	Applied For
7029 Ca	ardinalwood Drive	26 P. O. Box 682	2147	59-2698266		Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired See Require		
2		27		C Flashing Companies Expension		.00 May Be
City & State Orlando	. FL	City & State Orlando, FL	32868	6. Election Campaign Financing Trust Fund Contribution		dded to Fees
31	Gountry	Zip	Country	8. This corporation has liability for in		
Zip 4 32818	25 Orange	— ```	orange	Florida Statutes	Yes x[x]No	
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent	
			B1 Name	rneta Swenson		
PAINTED	WILLARD S.		82 Street Ar	idress (P.O. Box Number is Not Acceptable	e)	
	STMONTE DR., STE. #101		70	29 Cardinalwood Drive		
	TE SPRINGS FL 32714		83			
ALIAMON	ie or failog ie oei .		84 City Or	1 3 -	85	Zip Code
				lando,	FL	32818
11. Pursuant to the	he provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpoard of directors. I hereby accept the appo	pose of changing intraent as registi	its registered offic ered agent. I am
	agent, or both, in the State of Florid and accept the obligations of, Septic		by the corporation a b	Constant		
7		venson	Garne	ta Swenson $4-11-9$	76	
DICKLATUDE -						
SIGNATURE Sign	nature, typed or printed name of registered agent a	and title flappicable NOTE	· Registerod Agent signature ren	ured when reinstating)	CEOC AND DIDE	CTODS IN 12
SIGNATURE Sign	nature, typied or printed name of registered agent a OFFICERS AND	and tire if applicable INOTE DIRECTORS	13.	uired when reinstating) ADDITIONS/CHANGES TO OFF)		
(Sign	nature, typed or printed name of registered agent a	and title flappicable NOTE	13. 11 TiTLE	ADDITIONS/CHANGES TO OFFE ED	CERS AND DIRE	
12.	nature, typed or printed name of registered agent a OFFICERS AND ED KAUTTER, WILLARD	D DIRECTORS DELETE	13. 11TiTLE 1.2 NAME	ADDITIONS/CHANGES TO OFFE ED Garneta Swenson	∑ Cha	
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Garneta Swenson

14-11-96 407-299-9519
Date Dayling Phone #

CR2E037 (12/95)