| FILE NOW: FILING FEE IS \$61.25  |   |   |   |                                    |                  | FILED   |                          |                        |
|--|---|---|---|------------------------------------|------------------|---|--------------------------|------------------------|
| NONPROFIT CORPORATION  |   |   | FLORIDA DEPARTMENT OF STATE                               |                                    |                  | Mar 02 1  | 998 8:0                  | )0an                   |
| ANNUAL REPORT  |   |   | Secretary of  |                                    |                  |   |                          |                        |
| 1998   |   | 11110                                       | DIVISION OF CO  | DIVISION OF CORPORATIONS           |                  | Secreta   | ry of St                 | ale                    |
| DOCUI<br>1. Corporation  | MENT # 7  | 40045                                       | (0)   |                                    |                  |   |                          |                        |
| THE CENTRAL FLORIDA CHAPTER OF THE HOTEL SALES A ND MARKETING ASSOCIATION ITNERNATIONAL, INC  Principal Place of Business  Mailing Address |   |   |   |                                    |                  | <br>  |                          |                        |
| 306 PARTRIDGI  | E LANE  |   | PO BOX 916014   |                                    |                  | Date Incorporated or Qualified  | <u></u>                  |                        |
| LONGWOOD FL 32779<br>US  |   |   | LONGWOOD FL 32781<br>US                                   |                                    | 09/01/1977       | ····  |                          |                        |
|  |   |   |   |                                    |                  | 4. FEI Number 59-2698266  | <del> </del>             | lied For<br>Applicable |
|  | Wesches   | Dr  | 28. Mailing Address<br>26. P.O. BOX                       | 806                                |                  | 5. Certificate of Status Desired  | □ \$8.75 Ac<br>Fee Req   |                        |
| Suite, Apt.  |   |   | Suite, Apt. #, etc.                                       |                                    |                  | 6. Election Campaign Financing  | \$5.00 м                 | ay Be                  |
| City & State   | <u> </u>  | ,   | City & State  | <u>~</u>                           |                  | <ul><li>Trust Fund Contribution</li><li>7. Is this nonprofit corporation a ho</li></ul> | Added to I               |                        |
| 23 (OC 0   | ee   Count  |   | Zip COCC  | Country                            |                  | This corporation owes or has pa   | Yes No                   | nalble                 |
| 24   |   |   |   | 0 Orang                            | 2                | Personal Property Tax due June  | 30. Yes 🗌                |                        |
|  | y. Name and Addr                                    | ess of Current H                            | egistered Agent   | 81 Nam                             | ю /              | 10. Name and Address of New Re  |                          |                        |
| LINDA ALLEN 82 Street Address  |   |   |   |                                    |                  | ss (P.O. Box Number is Not Acceptab   | ensee                    |                        |
|  | NTRIDGE LANE<br>OOD FL 32779                        |   |   | 83                                 | <u> </u>         | As mescult  | <u> </u>                 |                        |
| 40   |   |   |   | 84 City                            |                  |   | 86 Zip Ci                | ode .                  |
| 11. Pursuant t   | o the provisions of Sec                             | tions 617.0502 a                            | nd 617.1508 Florida Statutes                              |                                    |                  | ration submits this statement for the n   | FL 347                   | 76 registered          |
| office or re<br>agent. I ar  | egistered agent, or bot<br>in familiar with, and ac | h, in the State of I<br>cept the obligation | Florida. Such change was auns of, Section 617.0503, Flori | thorized by the or<br>da Statutes. | orporatio        | ration submits this statement for the pin's board of directors. I hereby accep          | it the appointment as re | gistered               |
| SIGNATURE _  | Signature. typed or printed (by                     | e of registered agent an                    | d tile if applicable. (NOTE:                              | Registered Agent signat            | ure renulred     | when reinstaling)   | DATE                     |                        |
| 12.  |   | FFICERS AND D                               | IRECTORS  | 13.                                |                  | ADDITIONS/CHANGES TO OFFIC  | ERS AND DIRECTORS        | IN 12                  |
| TITLE  | ED  |   | ☐ DELETE  | 1.1 TITLE                          | _ [ `.           | waging Consulta   | Change                   | Addition               |
| NAME   | LINDA ALLEN<br>306 PARTRIDGE                        | 1 4415                                      |   | 1.2 NAME                           |                  | s weschebbe   | Q.                       |                        |
| STREET ADDRESS<br>CITY-ST-ZIP  | LONGWOOD FL   | LANE  |   | 1.3 STREET ADDRESS                 | 100              |   | 4761                     |                        |
| TITLE  | P   |   | DELETE  | 1.4 CITY-ST-ZIP<br>2.1 TITLE       |                  |   | a Barrana                | Addition               |
| NAME   | BARBARA WATS  | DN  |   | 2.2 NAME                           | Tr.              | esident<br>Nd: Onderick<br>To Kubmen Rd   | )                        |                        |
| STREET ADDRESS   | 5445 FORBES PI                                      |   |   | 2.3 STREET ADDRESS                 | s 20             | to Kulman Rd  | i e                      |                        |
| CITY-ST-ZIP  | ORLANDO FL  |   |   | 2. 4 CITY-ST-ZIP                   | _ O <sub>1</sub> | rlando, Fl 32   | 819                      |                        |
| TITLE  | V   | -   | ☐ DELETE  | 3.1 TITLE                          | V                |   | Change "                 | Addition               |
| NAME .   | MINDI ONDERICI                                      | -   |   | 3.2 NAME                           | ١Ķ'n             | n Soibel  | ,                        |                        |
| STREET ADDRESS<br>CITY-ST-ZIP  | 7050 KIRKMAN F<br>ORLANDO FL                        | D.  |   | 3.3 STREET ADDRESS                 | s   4, 6         | . Ke Buena Vista  | F1 32837                 | b                      |
| TITLE  | S   |   | DELETE  | 3.4. CITY-ST-ZIP<br>4.1 TITLE      | 2                | pretury / Treasurer   | / theres                 | ☐ Addition             |
| NAME   | KIM BOTBOL  |   |   | 4. 2 NAME                          |                  | ren Sincoviak   | (b) E-change             |                        |
| STREET ADDRESS   | P.O. BOX 22818                                      |   |   | 4.3 STREET ADDRESS                 | s 129            | W. Church ST  |                          |                        |
| CITY-ST-ZIP  | LAKE BUENA VIS                                      | TA FL                                       |   | 4.4 CITY - ST - ZIP                | I                | 19NOS F1 328  | 101                      |                        |
| TITLE  | D   | •••   | ☐ DELETE  | 5.1 TITLE                          | '   Ke           | vin Mackinion   | (D) Tomange              | ☐ Addition             |
| NAME   | KEVIN MACKINNI                                      |   |   | 5.2 NAME                           | 86               | 55 Rent acon a  | d                        |                        |
| STREET ADDRESS<br>CITY-ST-ZIP  | 8855 RENT A CA<br>ORLANDO FL                        | n NU.                                       |   | 5.3 STREET ADDRESS                 | ් ල              | nlondo i Pi   |                          |                        |
| TITLE  | D DRIVING FL  |   | DELETE  | 5.4 CITY-ST-ZIP<br>6.1 TITLE       | 7                | stry Ryon (D  | Change                   | Addition               |
| NAME   | KAREN SIMCOVI                                       | <b>N</b> K                                  | -   | 6.2 NAME                           | 1 139            | Later .   | J                        |                        |
| STREET ADDRESS   | 129 CHURCH ST                                       |   |   | 6.3 STREET ADDRESS                 | s   💸            | ros Vistana Carter  |                          |                        |
| CITY-ST-ZIP  | ORLANDO FL  | <del></del>                                 |   | 6.4 CITY-ST-ZIP                    | <u> </u>         | elando F1 3282  |                          |                        |
| indicated (  | on this annual recort of                            | : suoniamentai ar                           | inual report is true and accur                            | ate and that my s                  | CILITADO         | ection 119.07(3)(i), Florida Statutes. I<br>shall have the same legal effect as if      | made under eath: that    | l em en                |
| omicer or c  | prector or the corporat<br>or Block 13 if changed,  | on or the receive<br>or on an∡attaichm      | r or trustee empowered to ex<br>ent with an address.      | ecute this report i                | as requir        | ed by Chapter 617, Florida Statutes;  | and that my name appe    | ars in                 |
|  | 111   | 0//9/                                       | do  | Jan. 1.                            |                  | 178-91  | $\mathcal{V}$            |                        |

1.29-96

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**SIGNATURE:**