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Secretary of State

04-26-1999 90134 041 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 754033					
1. Corporation Name CENTRAL FLORIDA HOTEL AND MOTEL ASSOCIATION, INC					
Principal Place of Business 7208 SAND LAKE RD STE. 205 ORLANDO FL 32819 US			Mailing Address 7208 SAND LAKE RD STE. 205 ORLANDO FL 32819 US		

* 5 7 2 3 6 7 *



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/03/1980	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2075117	
City & State		City & State		5. Certificate of Status Desired	
23		28		☐ \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		☐ \$5.00 May Be Added to Fees	
Country		Country		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MADADECKI, RICHARD J			81 Name		
7208 SAND LAKE RD			82 Street Address (P.O. Box Number is Not Acceptable)		
STE 205			83		
ORLANDO FL 32819			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 12	
TITLE	PD	1.1 TITLE	Chairman
NAME	BEMENT, DENNIS	1.2 NAME	Bettcher, Mel
STREET ADDRESS	7208 SAND LAKE ROAD, #205	1.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando, FL 32819-5278
TITLE	VD	2.1 TITLE	Vice Chairman
NAME	BETTCHEER, MEL	2.2 NAME	Robbins, Louis
STREET ADDRESS	7208 SAND LAKE ROAD, #205	2.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32819-5278
TITLE	TD	3.1 TITLE	Treasurer
NAME	ROBBINS, LOUIS	3.2 NAME	Engfer, Patricia
STREET ADDRESS	7208 SAND LAKE RD STE 205	3.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP	ORLANDO FL 32819	3.4 CITY-ST-ZIP	Orlando, FL 32819-5278
TITLE	SD	4.1 TITLE	Secretary
NAME	ENGFER, PAT	4.2 NAME	Grinda, Jeffrey
STREET ADDRESS	7208 SAND LAKE RD STE 205	4.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP	ORLANDO FL 32819	4.4 CITY-ST-ZIP	Orlando, FL 32819-5278
TITLE	PD	5.1 TITLE	Past Chairman
NAME	MCCREARY, BILL	5.2 NAME	Bement, Dennis
STREET ADDRESS	7208 SAND LAKE RD #205	5.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32819-5278
TITLE		6.1 TITLE	President
NAME		6.2 NAME	Richard J. Maladecki
STREET ADDRESS		6.3 STREET ADDRESS	7208 Sand Lake Rd, Ste 205
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando, FL 32819-5278

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

RJ Maladecki REQUIRE *RJ Maladecki* 4/21/99 407-352-0114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)