FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 24 1998 8:00am Secretary of State

DOCUMENT # G72120 **(O)** HOSPITALITY INDUSTRY ASSOCIATION INTERNATIONAL, Principal Place of Business Mailing Address JOHN E. WATSON % JOHN E. WATSON 140-49TH ST. SOUTH 140-49TH ST. SOUTH DO NOT WRITE IN THIS SPACE ST. PETERSBURG FL 33707 ST. PETERSBURG FL 33707 3. Date Incorporated or Qualified 12/02/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2343170 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country Zip Źip 8. This corporation owes or has paid the current year Intangible 30 ☐ Yes 24 25 Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent Name WRAY, C.E. 140 49TH ST S Street Address (P.O. Box Number is Not Acceptable) ST. PETERSBURG FL 33707 83 84 City 85 I 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. (NOTE Registered Agent signature requ Stonative, based or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ■ Addition 1.1 TITLE TITLE WRAY, C.E. SR. 1.2 NAME NAME **CR2E034** 140-49TH ST S 1.3 STREET ADDRESS STREET ADORESS ST PETERSBURG, FL 00000 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME WRAY, JOANNE L. 22 NAME STREET ADDRESS 140-49TH ST. S. 2.3 STREET ADDRESS ST. PETERSBURG FL 2.4 City-St-ZiP CITY-ST-7IP DELETE Addition TITLE 3.1 TITLE Change NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETÉ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ■ Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

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JOHNNE L. INRAY 4-15-98 813-323-302