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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 9:46

DOCUMENT # **J64887** **(9)**

1. Corporation Name
CFA HOTEL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 100, BLDG 4 BOCA RATON FL 33487 US	CONGRESS CORPORATE PLAZA 902 CLINT MOORE ROAD, SUITE 100 BLDG 4 BOCA RATON FL 33487 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1987
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business (21) Suite, Apt #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2805033 ☐ 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

8. This corporation has liability for intangible tax under F.S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CONWAY, STEPHEN P.
902 CLINT MOORE ROAD
SUITE 100
BOCA RATON FL 33487

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)
Signature, typed or printed name of registered agent, and title if applicable — (DATE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	SVT	11 TITLE	☐ Change ☐ Addition
NAME	CONWAY, STEPHEN P.	12 NAME	
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	CONWAY, STEPHEN P.	22 NAME	[illegible]
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	23 STREET ADDRESS	Congress Corporate Plaza
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	902 Clint Moore Road, Suite 100, Bldg. 4 Boca Raton, Florida 33487
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	CONWAY, JERRY	32 NAME	
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☑ Change ☐ Addition
NAME	MORRISON, R. SCOTT JR	42 NAME	[illegible]
STREET ADDRESS	902 CLINT MOORE ROAD, SUITE 100, BLDG. 4	43 STREET ADDRESS	[illegible]
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions 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 is current 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: _____ (Date) _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL

Stephen P. Conway President

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