FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation Name
CFA HOTEL MANAGEMENT, INC.

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

Mailing Address
CONGRESS CORPORATE PLAZA
902 CLINT MOORE ROAD. SUITE 100. BLDG 4
BOCA RATON FL 33487
US

3. Date Incorporated or Qualified: **04/01/1987**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business — 21
Street Address — 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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**SVT** ☐ DELETE	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	33487
TITLE	**P** ☐ DELETE	21 TITLE	☑ Change ☐ Addition
NAME	**CONWAY, STEPHEN P.**	22 NAME	
STREET ADDRESS	**902 CLINT MOORE ROAD, SUITE 100, BLDG. 4**	23 STREET ADDRESS	
CITY-ST-ZIP	**BOCA RATON FL**	24 CITY-ST-ZIP	33487
TITLE	**VD** ☐ DELETE	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	33487
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	400001714354 -02/14/96--01017--008 ***200.00
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ AD 9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #