SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 20 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE

DOCUMENT # N01999 (4)

1. Corporation Name
HOTEL SALES AND MARKETING ASSOCIATION INTERNATIONAL - FLORIDA GOLD COAST CHAPTER, INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD. SUITE 247 PEMBROKE PINES FL 33024	8362 PINES BLVD. SUITE 247 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified: 03/16/1984
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-1893013 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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

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

9. Name and Address of Current Registered Agent

GORMAN, JOHN J
701 BRICKELL AVE.
SUITE 2700
MIAMI FL 33131

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE	Treasurer	☒ Change ☐ Addition
NAME	RICOSSA, CHERYL	12 NAME	Cheryl Ricossa	
STREET ADDRESS	~~1200 ANASTASIA AVE.~~	13 STREET ADDRESS	3440 Hollywood Blvd. St 400	
CITY ST ZIP	~~CORAL GABLES FL 33134~~	14 CITY-ST-ZIP	Hollywood FL 33021	
TITLE	P	21 TITLE	President	☐ Change ☐ Addition
NAME	GORMAN, JOHN J	22 NAME	John Gorman	
STREET ADDRESS	701 BRICKELL AVE. #2700	23 STREET ADDRESS	701 Brickell Ave #2700	
CITY-ST-ZIP	MIAMI FL 33131	24 CITY-ST-ZIP	Miami, FL 33131	
TITLE	M	31 TITLE		☐ Change ☐ Addition
NAME	~~BURNS, MAUREEN~~	32 NAME		
STREET ADDRESS	~~350 OCEAN DR.~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~KEY BISCAYNE FL 33149~~	34 CITY-ST-ZIP		
TITLE	P	41 TITLE		☐ Change ☒ Addition
NAME	~~WILLIAMSON, BETH~~	42 NAME		
STREET ADDRESS	~~2849 S. BAYSHORE DR.~~	43 STREET ADDRESS		
CITY ST ZIP	COCONUT GROVE FL 33133	44 CITY-ST-ZIP		
TITLE	S	51 TITLE		☐ Change ☒ Addition
NAME	~~ROWE, DENISE~~	52 NAME	Ellen Morcroft	
STREET ADDRESS	~~744 N. 65TH ST.~~	53 STREET ADDRESS	2601 NW LeJeune Rd	
CITY ST ZIP	~~N. MIAMI FL 33161~~	54 CITY-ST-ZIP	Miami FL 33142	
TITLE	V Director	61 TITLE		☐ Change ☐ Addition
NAME	GIBSON, MIKE	62 NAME		
STREET ADDRESS	4441 COLLINS AVE.	63 STREET ADDRESS		
CITY ST ZIP	MIAMI BCH. FL 33140	64 CITY-ST-ZIP		

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or added, above or on an attachment with an address.

SIGNATURE: Mike Gibson 6/25/95 (305) 962-6772
SIGNATURE, TYPED OR PRINTED NAME OF INDIVIDUAL AND TITLE OF OFFICER OR DIRECTOR — Date — Daytime Telephone Number
MIKE GIBSON 305-532-8245

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