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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01999 (4)
Corporation Name
HOTEL SALES AND MARKETING ASSOCIATION INTERNATIONAL - FLORIDA GOLD COAST CHAPTER, INC.

Principal Place of Business PINES 1100 BLVD. SUITE 247 OKE PINES FL 33024	Mailing Address PINES 8362 PINES BLVD. SUITE 247 PEMBROKE PINES FL 33024-6800
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3. Date Incorporated or Qualified 03/16/1984		3a. Date of Last Report 07/15/1996	
4. FEI Number 59-1893013		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

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	
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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

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	DT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	RICOSSA, CHERYL		1.2 NAME	J R Sullivan	
CITY-ST-ZIP	3440 HOLLYWOOD BLVD STE 400		1.3 STREET ADDRESS	2595 NW 38 St	
TITLE	HOLLYWOOD FL		1.4 CITY-ST-ZIP	MIAMI FL 33142	
NAME	DP	<input type="checkbox"/> DELETE	2.1 TITLE	Secy/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	GORMAN, JOHN J		2.2 NAME	Wendy Traurig	
CITY-ST-ZIP	701 BRICKELL AVE. #2700		2.3 STREET ADDRESS	1601 Biscayne Blvd.	
TITLE	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI FL 33132	
NAME	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	GIBSON, MIKE		3.2 NAME		
CITY-ST-ZIP	4441 COLLINS AVE.		3.3 STREET ADDRESS		
TITLE	MIAMI BCH. FL		3.4 CITY-ST-ZIP		
NAME	Wendy Traurig	<input type="checkbox"/> DELETE	4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS			4.2 NAME	Eileen Dubin	
CITY-ST-ZIP			4.3 STREET ADDRESS	3961 G Coco Plum Circle	
TITLE			4.4 CITY-ST-ZIP	Coconut Creek FL 33063	
NAME	Vice-President	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Arthur Gordon		5.2 NAME	Arthur Gordon	
CITY-ST-ZIP	4441 Collins Ave		5.3 STREET ADDRESS	4441 Collins Ave	
TITLE	MIAMI BEACH FL 33141		5.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
NAME		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
TITLE			6.4 CITY-ST-ZIP		

I do 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. R. Sullivan

CR2E037 (9/96)