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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N01999** (4)
Corporation Name

**HOTEL SALES AND MARKETING ASSOCIATION INTERNATIO
NAL - FLORIDA GOLD COAST CHAPTER, INC.**



Principal Place of Business 8362 PINES BLVD SUITE 247 PEMBROKE PINES FL 33024 US	Mailing Address 8362 PINES BLVD SUITE 247 PEMBROKE PINES FL 33024 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/16/1984	
4. FEI Number 59-1893013	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent GORMAN, JOHN J 701 BRICKELL AVE. SUITE 2700 MIAMI FL 33181
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10. Name and Address of New Registered Agent 81 Name Phyllis Festinger 82 Street Address (P.O. Box Number is Not Acceptable) 8768 SW 3rd St #202-3 83 84 Pembroke Pines FL 85 Zip Code 33025

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 *Phyllis Festinger* **Phyllis Festinger** **2/20/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SULLIVAN, J R <input checked="" type="checkbox"/> DELETE 2595 NW 28 ST MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GORMAN, JOHN J <input checked="" type="checkbox"/> DELETE 701 BRICKELL AVE. #2700 MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TRAURIA, WENDY <input type="checkbox"/> DELETE 1601 BISCAYNE BLVD MIAMI FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUBIN, EILEEN <input type="checkbox"/> DELETE 3961 CT COCO PLUM CR COCONUT CREEK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GORDON, ARTHUR <input checked="" type="checkbox"/> DELETE 4441 COLLINS AVE MIAMI BCH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIZZ EGAN <input type="checkbox"/> DELETE ONE NE 40 ST. MIAMI, FL 33137

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIZZ Egan Warm Wishes One NE 40 St MIAMI FL 33137
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wendy Traurig 1601 Biscayne Blvd MIAMI FL 33132
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D DUBIN EILEEN 3961 CT COCO PLUM CR COCONUT CREEK FL
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David Krech 4833 Collins Ave. MIAMI Beach FL 33140

14. I 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: *Lizz Egan* **Lizz Egan** **2/3/98** (305) 573-9998

CR2E037 (10/97)