FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N03868** **(9)**

1. Corporation Name

MID-FLORIDA ASSOCIATION OF HOSPITALITY ACCOUNTANTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1430 ORLANDO FL 32802-1430	P.O. BOX 1430 ORLANDO FL 32802-1430

3. Date Incorporated or Qualified: 08/01/1984
3a. Date of Last Report: 12/08/1995

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: 65-0038596 ☐ 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

SLAPPEY, ROBERT Z
111 N. ORANGE AVENUE
SUITE 1600
ORLANDO FL 32801

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BINA, JAMES E		1.2 NAME		
STREET ADDRESS	9840 INTERNATIONAL DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WEINLAND, JEFF		2.2 NAME		
STREET ADDRESS	7320 FARINGTON COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SLAPPEY, ROBERT		3.2 NAME		
STREET ADDRESS	111 N. ORANGE AVE., SUITE 1600		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LEBRUTO, STEPHEN M		4.2 NAME		
STREET ADDRESS	4000 CENTRAL FLORIDA BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	5.1 TITLE	DIRECTOR = D	☐ Change ☑ Addition
NAME	HUE, DESMOND LEE		5.2 NAME	REAGAN STANLEY	
STREET ADDRESS	9801 INTERNATIONAL DRIVE		5.3 STREET ADDRESS	228 Rippling Lane	
CITY-ST-ZIP	ORLANDO FL 32819		5.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PLAZAS, GERMAN		6.2 NAME		
STREET ADDRESS	10100 INTERNATIONAL DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32821		6.4 CITY-ST-ZIP		

CR2E037 (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)(k), 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: Robert Z. Slappey ROBERT Z. SLAPPEY 4/2/96 (407)423-3426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #