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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N03868 (9)

1. Corporation Name

MD-FLORIDA ASSOCIATION OF HOSPITALITY ACCOUNTANTS, INC.

Principal Place of Business

P.O. BOX 1430
ORLANDO FL 32802-1430

Mailing Address

P.O. BOX 1430
ORLANDO FL 32802-1430



3. Date Incorporated or Qualified
08/01/1984

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

10. Name and Address of New Registered Agent

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

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

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 PD
NAME BINA, JAMES E
STREET ADDRESS 9840 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE VPD
NAME WEINLAND, JEFF
STREET ADDRESS 7320 FARINGTON COURT
CITY-ST-ZIP ORLANDO FL 32819

DELETE

TITLE TD
NAME SLAPPEY, ROBERT
STREET ADDRESS 111 N. ORANGE AVE., SUITE 1600
CITY-ST-ZIP ORLANDO FL 32801

DELETE

TITLE SD
NAME LEBRUTO, STEPHEN M
STREET ADDRESS 4000 CENTRAL FLORIDA BLVD.
CITY-ST-ZIP ORLANDO FL 32817

DELETE

TITLE D
NAME STANLEY, REGAN
STREET ADDRESS 228 RIPPLING LANE
CITY-ST-ZIP WINTER PARK FL

DELETE

TITLE D
NAME PLAZAS, GERMAN
STREET ADDRESS 10100 INTERNATIONAL DRIVE
CITY-ST-ZIP ORLANDO FL 32821

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Slappey, Robert
1.3 STREET ADDRESS 111 N. Orange Ave. Ste. 1600
1.4 CITY-ST-ZIP Orlando, FL 32801

Change Addition

2.1 TITLE VPD
2.2 NAME LeBruto, Stephen M
2.3 STREET ADDRESS 4000 Central Florida Blvd.
2.4 CITY-ST-ZIP Orlando, FL 32817

Change Addition

3.1 TITLE TD
3.2 NAME Taylor, Brenda
3.3 STREET ADDRESS 60 S. Ivanhoe Blvd.
3.4 CITY-ST-ZIP Orlando, FL 32804

Change Addition

4.1 TITLE SD
4.2 NAME McCloskey, E.
4.3 STREET ADDRESS One Grand Cypress Blvd.
4.4 CITY-ST-ZIP Lake Buena Vista, FL

Change Addition

5.1 TITLE D
5.2 NAME Romano, Joe
5.3 STREET ADDRESS 9300 Airport Blvd
5.4 CITY-ST-ZIP Orlando, FL

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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.

CR2E037 (9/96)