

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N20166 (7)
 1. Corporation Name

CENTRAL FLORIDA HOTEL/MOTEL ASSOCIATION EDUCATIONAL TRUST FUND, INC.



Principal Place of Business: **7208 SAND LAKE RD STE 205 ORLANDO FL 32819**
 Mailing Address: **7208 SAND LAKE RD STE 205 ORLANDO FL 32819**

3. Date Incorporated or Qualified: **04/16/1987**
 3a. Date of Last Report: **05/19/1995**

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

4. FEI Number: **59-2875525**
 Applied For: Not Applicable

Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**TAUBENSEE, CHERYL D.
 7208 SAND LAKE ROAD, SUITE 205
 ORLANDO FL 32819**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MEARS, DEB
STREET ADDRESS	7208 SAND LAKE ROAD #205
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	VD <input type="checkbox"/> DELETE
NAME	RODWICK, BILL
STREET ADDRESS	7208 SAND LAKE ROAD #205
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	SD <input type="checkbox"/> DELETE
NAME	VILLAVERDE, ALAN
STREET ADDRESS	7208 SAND LAKE ROAD #205
CITY-ST-ZIP	ORLANDO FL 32819
TITLE	ED <input type="checkbox"/> DELETE
NAME	Cheryl D. Taubensee
STREET ADDRESS	7208 Sandlake Road #205
CITY-ST-ZIP	Orlando, FL 32819
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/T/D SHAFEL, SAMIR
4.3 STREET ADDRESS	7208 SAND LAKE ROAD #205
4.4 CITY-ST-ZIP	ORLANDO, FL
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	200001884792
5.3 STREET ADDRESS	-07/05/96--01031--034
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Cheryl D. Taubensee* Date: **6-12-96** Daytime Phone #: **407-352-0114**

CR2E037 (3/96)

Handwritten initials and signature