


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 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 # 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 32819-5278
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1987	3a. Date of Last Report 07/03/1996
21	22	23	24	4. FEI Number 59-2875525	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	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				10. Name and Address of New Registered Agent			
TAUBENSEE, CHERYL D. 7208 SAND LAKE ROAD, SUITE 205 ORLANDO FL 32819				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ED	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAUBENSEE, CHERYL D			1.2 NAME			
STREET ADDRESS	7208 SAND LAKE RD STE 205			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RODWICK, BILL			2.2 NAME			
STREET ADDRESS	7208 SAND LAKE ROAD #205			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VILLAVERDE, ALAN			3.2 NAME			
STREET ADDRESS	7208 SAND LAKE ROAD #205			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			3.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAFEI, SAMIR			4.2 NAME			
STREET ADDRESS	7208 SAND LAKE RD STE 205			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32819			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				5.2 NAME	DENNIS BEMENT		
STREET ADDRESS				5.3 STREET ADDRESS	7208 SAND LAKE ROAD #205		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	ORLANDO FL 32819		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE _____ DATE _____

CR2E037 (9/96)