


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number
59-2875525

Applied For
 Yes Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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
Richard J. Maladecki

82 Street Address (P.O. Box Number is Not Acceptable)
7208 Sand Lake Road, Suite 205

83

84 City
Orlando, FL

85 Zip Code
32819

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 officer 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 *RJ Maladecki* (NOTE: Registered Agent signature required when reinstating)

DATE **4/12/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ED	TAUBENSEE, CHERYL D	<input checked="" type="checkbox"/> DELETE	
NAME	7208 SAND LAKE RD STE 205		
STREET ADDRESS	ORLANDO FL 32819		
CITY-ST-ZIP			
TITLE VD	RODWICK, BILL	<input checked="" type="checkbox"/> DELETE	
NAME	7208 SAND LAKE ROAD #205		
STREET ADDRESS	ORLANDO FL 32819		
CITY-ST-ZIP			
TITLE VD	VILLAYERDE, ALAN	<input checked="" type="checkbox"/> DELETE	
NAME	7208 SAND LAKE ROAD #205		
STREET ADDRESS	ORLANDO FL		
CITY-ST-ZIP			
TITLE STD	SHAFEI, SAMIR	<input type="checkbox"/> DELETE	
NAME	7208 SAND LAKE RD STE 205		
STREET ADDRESS	ORLANDO FL 32819		
CITY-ST-ZIP			
TITLE PD	DENNIS BEMENT	<input type="checkbox"/> DELETE	
NAME	7208 SAND LAKE RD #205		
STREET ADDRESS	ORLANDO FL		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE PD	Butcher	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	7208 Sand Lake Road, Suite 205	
1.3 STREET ADDRESS	Orlando, FL 32819	
1.4 CITY-ST-ZIP		
2.1 TITLE TD	Louis Robbins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	7208 Sand Lake Road, Suite 205	
2.3 STREET ADDRESS	Orlando, FL 32819	
2.4 CITY-ST-ZIP		
3.1 TITLE SD	Samir Shafei	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7208 Sand Lake Road, Suite 205	
3.3 STREET ADDRESS	Orlando, FL 32819	
3.4 CITY-ST-ZIP		
4.1 TITLE ED	Richard J. Maladecki	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	7208 Sand Lake Rd, Suite 205	
4.3 STREET ADDRESS	Orlando, FL 32819	
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *RJ Maladecki* **4/12/98**

407
352014

CR2E037 (10/97)