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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90127 036 \*\*\*\*61.25

0019010

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N20166**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/16/1987

4. FEI Number  
 59-2875525

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

9. Name and Address of Current Registered Agent

**MALADECKI, RICHARD J.**  
**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

TITLE PD  
 NAME BUTCHER, MU  
 STREET ADDRESS 7208 SAND LAKE RD STE 205  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE TD  
 NAME ROBBINS, LOUIS  
 STREET ADDRESS 7208 SAND LAKE ROAD #205  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE SD  
 NAME SHAFEI, SAMIR  
 STREET ADDRESS 7208 SAND LAKE ROAD #205  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE ED  
 NAME MALADECKI, RICHARD J.  
 STREET ADDRESS 7208 SAND LAKE RD STE 205  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE PD  
 NAME DENNIS BEMENT  
 STREET ADDRESS 7208 SAND LAKE RD #205  
 CITY-ST-ZIP ORLANDO FL 32819

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

2.1 TITLE PD Louis Robbins  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS 7208 Sand Lake Rd. #205  
 2.4 CITY-ST-ZIP Orlando, FL 32819

3.1 TITLE PD Pat Engfer  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS 7208 Sand Lake Rd #205  
 3.4 CITY-ST-ZIP Orlando, FL 32819

4.1 TITLE Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE Change  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, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

407-352-0114

Daytime Phone #

CR2E037 (1/98)