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Jun 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthaupt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36627** (0)

1. Corporation Name

FLORIDA TOURISM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
214 ROYAL OAK CIRCLE LONGWOOD FL 32779-3548	214 ROYAL OAK CIRCLE LONGWOOD FL 32779-3548

3. Date Incorporated or Qualified 02/15/1990	3a. Date of Last Report 05/30/1996
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2. Principal Place of Business	2a. Mailing Address
21 926 Great Pond Drive Suite, Apt. #, etc. 22 Suite 1003 City & State 23 Altamonte Springs FL Zip 24 32714-7244	26 926 Great Pond Dr Suite, Apt. #, etc. 27 # 1003 City & State 28 Altamonte Springs Zip 29 FL 32714

4. FEI Number 59-2983285	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	
MONAHAN, THOMAS 241 ROYAL OAK CIRCLE LONGWOOD FL 32779-3548	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number Not Acceptable)	926 Great Pond Drive
83 Suite	1003
84 City	Altamonte Springs
85 Zip Code	FL 32714

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 **Thomas A. Monahan** *[Signature]* **4-22-97**
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	CD <input checked="" type="checkbox"/> DELETE
NAME	FRED LONNSBERRY
STREET ADDRESS	1000 UNIVERSAL STUDIOS PLAZA
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	ROSS, DONNA
STREET ADDRESS	200 W. COLLEGE AVENUE
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	SALYERS, JO
STREET ADDRESS	1800 SUMMIT TOWER BLVD. #600
CITY-ST-ZIP	ORLANDO FL 32810
TITLE	D <input type="checkbox"/> DELETE
NAME	EDWARD FOUCHE (NA)
STREET ADDRESS	P. O. BOX 10000
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BENSON, HAYWARD JR
STREET ADDRESS	221 W OAKLAND PARK BLVD
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MALCOLM PATTERSON (NA)
STREET ADDRESS	P. O. BOX 1248
CITY-ST-ZIP	SANTA ROSA BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bill Sims (NA)
1.3 STREET ADDRESS	P.O. Box 370
1.4 CITY-ST-ZIP	Altamonte Springs, FL 32789
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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 by an attachment with an address.

CR2E037 (9/96)

5-15-97 (NA) 774-8456