

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90018 007 ****61.25

DOCUMENT # N48715

1. Corporation Name

HOSPITALITY SALES & MARKETING ASSOCIATION INTERN
ATIONAL, NORTH FLORIDA CHAPTER INC.

Principal Place of Business

P.O. BOX 551175
JACKSONVILLE FL 32255

Mailing Address

P.O. BOX 551175
JACKSONVILLE FL 32255

6 8 04512 - 90018 - 7 2 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

05/04/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3134474

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGG, JAY
4990 BELFORT RD
JACKSONVILLE FL 32256

81 Name

ANNE URBAN

82 Street Address (P.O. Box Number is Not Acceptable)

201 E. ADAMS

83

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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]

(NOTE: Registered Agent signature required when reinstating)

8/8/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREGG, JAY
STREET ADDRESS 4990 BELFORT RD
CITY-ST-ZIP JACKSONVILLE FL 32256

1.1 TITLE PD
1.2 NAME ANNE URBAN
1.3 STREET ADDRESS 201 E ADAMS
1.4 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VPT
NAME BOOTH, JACK
STREET ADDRESS 12000 BCH BLVD
CITY-ST-ZIP JACKSONVILLE FL 32246

2.1 TITLE PAMELA JACOBS-EDSON
2.2 NAME 4670 SALISBURY RD
2.3 STREET ADDRESS JACKSONVILLE FL 32256
2.4 CITY-ST-ZIP ~~POLETT~~

TITLE VPT
NAME PHELPS, PAM
STREET ADDRESS 9300 BAYMEADOWS RD
CITY-ST-ZIP JACKSONVILLE FL 32256

3.1 TITLE VP
3.2 NAME JANICE DAILEY
3.3 STREET ADDRESS 1331 PRUDENIA DR 245 WATER ST
3.4 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE VD
NAME KNOTT, DON
STREET ADDRESS 4083 SUNBEAM RD, 1122
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE RECHUNOR
4.2 NAME JACK BOOTH
4.3 STREET ADDRESS 12000 BETH BLVD
4.4 CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE VPT
NAME DAILY, JANICE
STREET ADDRESS 245 WATER STREET
CITY-ST-ZIP JACKSONVILLE FL 32202

5.1 TITLE VP
5.2 NAME JULIE GASTON
5.3 STREET ADDRESS 1 OCEAN BLVD.
5.4 CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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

8-6-99 904-641-1212

Date

Daytime Phone #

CR2E037 (5/99)