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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N94000001117					
1. Corporation Name PALM BEACH COUNTY HOTEL & MOTEL ASSOCIATION, INC					
Principal Place of Business 230 ROYAL PALM WAY PALM BEACH FL 33480 US			Mailing Address 230 ROYAL PALM WAY PALM BEACH FL 33480 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 03/07/1994 4. FEI Number 59-3243488 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent SEMADENI, DAVID 230 ROYAL PALM WAY STE 403 PALM BEACH FL 33480			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE C <input checked="" type="checkbox"/> DELETE NAME BAGWELL DAVID STREET ADDRESS 400 AVENUE OF CHAMPIONS CITY-ST-ZIP PALM BEACH GARDENS FL			1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME V.P. DIRECTOR 1.3 STREET ADDRESS WOLFGANG BAERE 1.4 CITY-ST-ZIP 100 S OCEAN BLVD. MANALAPAN, FL. 33462		
TITLE SD <input type="checkbox"/> DELETE NAME DAVID SEMADENI STREET ADDRESS 230 ROYAL PALM WAY, STE 403 CITY-ST-ZIP PALM BCH FL			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE VPD <input checked="" type="checkbox"/> DELETE NAME ADAIR CHEW STREET ADDRESS 155 HAMMON AVE CITY-ST-ZIP PALM BCH FL			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME V.P. DIRECTOR 3.3 STREET ADDRESS DAVID BAXTER 3.4 CITY-ST-ZIP 630 CLEARWATER PARK E. WEST PALM BEACH, FL. 33411		
TITLE P <input type="checkbox"/> DELETE NAME RICHARD STAFFORD STREET ADDRESS 8511 EAST GARDEN OAKES CIR CITY-ST-ZIP PALM BEACH GARDENS FL 33410			4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME CHAIRMAN 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE VPD <input type="checkbox"/> DELETE NAME FEDER, DAVID STREET ADDRESS 501 EAST CAMINO REAL CITY-ST-ZIP BOCA RATON FL			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME PRESIDENT 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE T <input checked="" type="checkbox"/> DELETE NAME HART, CHRISTOPHER STREET ADDRESS 2800 SOUTH OCEAN BLVD CITY-ST-ZIP PALM BEACH FL 33480			6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME TREASURER 6.3 STREET ADDRESS CHRISTINE HAMBLEN 6.4 CITY-ST-ZIP 5 NORTH A1A JUPITER, FL. 33477		

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)