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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

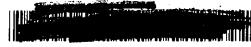
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FLORIDA STATEWIDE HOSPITALITY ASSOCIATION INC.

(DELETE STATEWIDE)

FILED May 28 1997 8:00am Secretary of State



	PAJEES FILED					
Principal Plac	e of Business	Mailing A	Address			Uinstitut
P.O. BOX 3857 WEST PALM BI		P.O. BOX 3857 WEST PALM BEACH FL 33402-3857				
						3. Date Incorporated or Qualified 01/16/1996 3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailir	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0631937 Not Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional
City & Stat		City & State				Fee Required
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip		Count	ry	B. This corporation has liability for intangible tax under s. 199.032,
24	25	29	Ţ.	30		Florida Statutes
	9. Name and Address of Curren	t Registered	Agent			10. Name and Address of New Registered Agent
				8	1 Nami	е
CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLYD.				8	Stree	it Address (P.O. Box Number is Not Acceptable)
				Ľ		
SUITE 211 T				8	3	
PALM BEACH GARDENS FL 33418				8	4 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617 0500	2 and 617 150	B Florida Statute	s the abo	ve-name	d corporation submits this statement for the purpose of changing its registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Suc	ch change was at	uthorized t	ov the co	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered age	a madaile if annis	MIOTE			tro required when reinstaling) DATE
12.	OFFICERS AND			13.	Seut Manaur	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ·		DELETE	1.1 TITLE		Change Addition
NAME	BREEDLOVE, JAMES L	,		1.2 NAM		
STREET ADDRESS	% P.O. BOX 3857	N/A-		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33402			1.4 CITY	ST-ZIP	
TITLE	D	4	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NELSON, LAURA	N/A		22 NAM	:	
STREET ADDRESS	% P.O. BOX 3857	•••		2.3 STRE	et address	
CITY-ST-ZIP	W-PALM BEACH FL 33402			2. 4 CITY		
TITLE	D		DELETE	3.1 T(TLE		Change
NAME	COOK, SCOTT	NA		3.2 NAMI		
STREET ADDRESS	% P.O. BOX 3857 W PALM BEACH FL 33402	יוןש			ET ADDRESS	
CITY-ST-ZIP TITLE	W FALM BEACH FL 33402		DELETE	3.4. CITY 4.1 TITLE		O:Rector Change MAddition
NAME				4 6 1141	-	1
STREET ADDRESS				4. 2 TRE	FT ADDRESS	70 P.O. BOX 3857 NA
CITY-ST-ZIP					ST-ZIP	WEST PALM BEACH, FL 33402
TITLE			DELETE	5.1 TITLE		FRANKLIN POMERNAZ VO P.O. BOX 3857 WEST PALM BEACH, FL 33402 Change Addition
NAME				5.2 NAM		
STREET ADDRESS				5.3 STRE	ET ADDRESS	(M) and
CITY-ST-ZIP_				5.4 CITY	ST-ZIP	Marie
TITLE			DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAMI		7 <u>00000220</u> 06267
STREET ADDRESS				6.3 STRE	et address	7000022067 -06/09/9701148017 ***61.25
CITY-ST-ZIP	all of a second			6.4 CITY		***51.25
9.4 1 da barat						estated in Contine 110 87(9Vi). Elevide Statutes, I further eastful 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.