## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000000251 (6)

## FLORIDA HOSPITALITY ASSOCIATION INC.

| ·  |   |  |  |   |  |  |  |  |  |  |
|--|---|--|--|---|--|--|--|--|--|--|
| Principal Place of Business Mailing Address          |   |  |  |   |  |  | 1 togation also lette attit admit admit admit admit admit attit and title indi-  |  |  |  |
| P.O. BOX 3857<br>WEST PALM BEACH FL 33402            |   |  | P.O. BOX 3857<br>West Palm Beach FL 33402  |   |  |  | 3. Date Incorporated or Qualified 01/16/1996   |  |  |  |
|  |   |  |  |   |  |  | 4. FEI Number Applied For Not Applied by Not Applied For Not A |  |  |  |
| 2. Principal Place of Business<br>21                 |   |  | 2a. Mailing Address<br>26  |   |  |  | 5. Certificate of Status Desired S8.75 Additional Fee Regulred   |  |  |  |
| Suite, Apt. #, etc.                                  |   |  | Suite, Apt. #, etc.  |   |  |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees   |  |  |  |
| City & State   |   |  | City & State   |   |  |  | 7. Is this nonprofit corporation a homeowners association?  Yes No   |  |  |  |
|  |   | 29   | Zip  | Country<br>30   |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No   |  |  |  |
| Name and Address of Current Registered Agent         |   |  |  |   |  | 10. Name and Address of New Registered Agent   |  |  |  |  |
|  |   |  |  |   | 81   | Name   |  |  |  |  |
| 4521 PGA BLVD. SUITE 211 PARM PEACH CAPOENS EL 20418 |   |  |  |   | 82   | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |  |  |  |
|  |   |  |  |   | 83   |  |  |  |  |  |
|  |   |  |  |   | 84   | City   | FL 85 Zip Code   |  |  |  |
|  | Principal Place of Busin Suite, Apt. #, etc. City & State Zip 9. Name CORPORATE CREA 4521 PGA BLVD. SUITE 211 | Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country 25  9. Name and Address of Current  CORPORATE CREATIONS ENTERPRISES 4521 PGA BLVD.  SUITE 211 | Principal Place of Business  Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip  Country  26  9. Name and Address of Current Regis  CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD.  SUITE 211 | Principal Place of Business  Principal Place of Business  24. Mailing Address 28  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  26  9. Name and Address of Current Registered Agent  CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD.  SUITE 211 | P.O. BOX 3857 ST PALM BEACH FL 33402  Principal Place of Business  24. Meilling Address 28  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Zip  Country  Solute, Apt. #, etc.  City & State  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi | Principal Place of Business  Principal Place of Business  2#. Mailing Address 25  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  26  Principal Place of Business  27  City & State  City & State  Corporate Creations enterprises, Inc.  81  CORPORATE CREATIONS ENTERPRISES, INC.  82  SUITE 211  BALAN PEACH CARDENS ST. 20418 | Principal Place of Business  2#. Mailing Address 28  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Power and Address of Current Registered Agent  CORPORATE CREATIONS ENTERPRISES, INC.  83  Suite, Apt. #, etc.  28  Country  Zip  Country  Zip  Suite, Apt. #, etc.  28  Sip  Country  Zip  Country  28  Suite, Apt. #, etc.  28  Sip  Country  29  Suite, Apt. #, etc.  28  Sip  Country  Suite, Apt. #, etc.  Suite, Apt. #, etc |  |  |  |

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   |          | 13.                | ADDITIONS/CHANGES TO OFFICERS AN | D DIRECTOR: | S IN 12  |  |  |  |  |  |  |  |
| TITLE   | D                        | DELETE   | 1.1 TOTLE          |                                  | Change      | Addition |  |  |  |  |  |  |  |
| RAME  | Breedlove, James L       |          | 1.2 NAME           |                                  |             |          |  |  |  |  |  |  |  |
| STREET ADDRESS  | % P.O. BOX 3857 NA       |          | 1.3 STREET ADDRESS |                                  |             | 1        |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | W PALM BEACH FL 33402    | _        | 1.4 CITY-ST-ZIP    |                                  |             |          |  |  |  |  |  |  |  |
| TITLE   | D                        | DELETE   | 2.1 TITLE          |                                  | Change      | Addition |  |  |  |  |  |  |  |
| NAME  | NELSON, LAURA            |          | 2.2 NAME           |                                  |             |          |  |  |  |  |  |  |  |
| STREET ADDRESS  | % P.O. BOX 3857 NA       |          | 2.3 STREET ADDRESS |                                  |             | ŀ        |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | W PALM BEACH FL 33402    |          | 2.4 City-St-ZiP    |                                  |             |          |  |  |  |  |  |  |  |
| TITLE   | 0                        | DELETE   | 3.1 TITLE          |                                  | Change      | Addition |  |  |  |  |  |  |  |
| NAME  | COOK, SCOTT              |          | 3.2 NAME           |                                  |             |          |  |  |  |  |  |  |  |
| STREET ADDRESS  | % P.O. BOX 3857 NA       |          | 3.3 STREET ADDRESS |                                  |             |          |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | W PALM BEACH FL 33402    |          | 3.4. CITY-ST-ZIP   |                                  |             |          |  |  |  |  |  |  |  |
| TITLE   | 0                        | DELETE   | 4.1 TITLE          |                                  | ☐ Change    | Addition |  |  |  |  |  |  |  |
| NAME  | POMERANZ, FRANKLIN       |          | 4. 2 NAME          |                                  |             |          |  |  |  |  |  |  |  |
| STREET ADDRESS  | P.O. BOX 3857 NA         |          | 4.3 STREET ADDRESS |                                  |             | İ        |  |  |  |  |  |  |  |
| CITY-ST-ZIP   | WEST PALM BEACH FL 33402 |          | 4.4 CITY-ST-ZIP    |                                  |             |          |  |  |  |  |  |  |  |
| TITLE   |                          | DELETE   | 5.1 TITLE          |                                  | Change      | Addition |  |  |  |  |  |  |  |
| NAME  |                          |          | 5.2 NAME           |                                  |             |          |  |  |  |  |  |  |  |
| STREET ADDRESS  |                          |          | 5.3 STREET ADDRESS |                                  |             |          |  |  |  |  |  |  |  |
| CITY-ST-ZIP   |                          |          | 5.4 CITY-ST-ZIP    |                                  |             |          |  |  |  |  |  |  |  |
| TITLE   |                          | ☐ DELETE | 6.1 TITLE          |                                  | Change      | Addition |  |  |  |  |  |  |  |
| NAME  |                          |          | 6.2 NAME           |                                  |             | ļ        |  |  |  |  |  |  |  |
| STREET ADDRESS  |                          |          | 6.3 STREET ADDRESS | •                                |             |          |  |  |  |  |  |  |  |
| CITY-ST-ZIP   |                          |          | 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.

SIGNATURE:

4-22-98 501-683-8383

**FILED** 

May 01 1998 8:00am

Secretary of State

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