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Mar 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003044 (2)**

1. Corporation Name

**THE FLORIDA KEYS CHAPTER OF THE HOSPITALITY SALE
S AND MARKETING ASSOCIATION INTERNATIONAL, INC.**



Principal Place of Business G/O HAWKS CAY MM 61 DUCK KEY FL 33050	Mailing Address G/O HAWKS CAY MM 61 DUCK KEY FL 33050
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3. Date Incorporated or Qualified 06/07/1996	3a. Date of Last Report
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2. Principal Place of Business 21 CHEECA LODGE Suite, Apt. #, etc. 22 8603 S. DIXIE HWY City & State 23 MIAMI FL Zip 24 3303	2a. Mailing Address 25 CHEECA LODGE SALES Suite, Apt. #, etc. 27 P.O. BOX 527 City & State 28 ISLAMORADA FL Zip 29 33036
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4. FEI Number	Applied For <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROLL, CHERYL
G/O HAWKS CAY
MM 61
DUCK KEY FL 33050**

81 Name SUSAN ASHMORE
82 Street Address (P.O. Box Number is Not Acceptable) 40 CHEECA LODGE SALES
83 8603 S. DIXIE HWY STE 308A
84 City MIAMI
85 Zip Code FL 33143

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: *Susan Ashmore*
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 AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE ROLL, CHERYL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROLL, CHERYL		1.2 NAME	
STREET ADDRESS G/O HAWKS CAY MM 61		1.3 STREET ADDRESS	
CITY-ST-ZIP DUCK KEY FL 33050		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE ASHMORE, SUSAN A	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ASHMORE, SUSAN A		2.2 NAME	
STREET ADDRESS 195 N COCONUT PALM BLVD.		2.3 STREET ADDRESS	
CITY-ST-ZIP TAVERNIER FL 33070		2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARBLE, TERRI		3.2 NAME	
STREET ADDRESS 28500 OVERSEAS HIGHWAY		3.3 STREET ADDRESS	
CITY-ST-ZIP LITTLE TORCH KEY FL 33042		3.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BABCOCK, BARBARA		4.2 NAME	
STREET ADDRESS 137 N BAY HARBOR DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP KEY LARGO FL 33037		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME DONNA BIBLE	
STREET ADDRESS		5.3 STREET ADDRESS 317 NORTH DRIVE	
CITY-ST-ZIP		5.4 CITY-ST-ZIP ISLAMORADA, FL 33036	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: *Donna Bible*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR