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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003222 (3)**

1. Corporation Name

HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLORIDA, INC.



Principal Place of Business C/O HOLIDAY INN SUNSPREE RESORT 13351 S.R. 535 LAKE BUENA VISTA FL 32830	Mailing Address C/O HOLIDAY INN SUNSPREE RESORT 13351 S.R. 535 LAKE BUENA VISTA FL 32830
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3. Date Incorporated or Qualified 05/29/1997	
4. FEI Number 59-9449556	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL 24 Zip 32821 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 ORLANDO, FL 29 Zip 32821 30 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent DETZEL, CHRISTOPHER A ESQ 540 EAST HORATIO AVENUE #202 MAITLAND FL 32794-1030	
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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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERT, GARY CHRE
STREET ADDRESS	GROSVENOR RESORT
CITY-ST-ZIP	LAKE BUENA VISTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	PERAKES, JEAN CHRE
STREET ADDRESS	DOUBLETREE GUEST SUITES RESORTS
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	CHAMBERS, SUZANNE
STREET ADDRESS	ORLANDO MARRIOTT INTERNATIONAL DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	PETTUS, ROSA CHRE
STREET ADDRESS	THE PEABODY HOTEL
CITY-ST-ZIP	ORLANDO FL
TITLE	<input type="checkbox"/> DELETE
NAME	NORFOLK, LIZ CHRE
STREET ADDRESS	HOLIDAY INN SUN SPREE RESORT
CITY-ST-ZIP	LAKE BUENA VISTA FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	CONNORS, JIM
STREET ADDRESS	COUNTRY HEARTH INN
CITY-ST-ZIP	ORLANDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PERAKES, JEAN
1.3 STREET ADDRESS	DOUBLETREE GUEST SUITES
1.4 CITY-ST-ZIP	ORLANDO, FL 32821
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ADAM KIEWICZ JO ANN
2.3 STREET ADDRESS	WYNDHAM SAPARI
2.4 CITY-ST-ZIP	ORLANDO, FL 32821
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KIMBERLY, Jonni
3.3 STREET ADDRESS	TAMAR INNS
3.4 CITY-ST-ZIP	ORLANDO, FL 32819
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TITLE ONLY
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* 1-7-98 402-032-11500

CR2E037 (10/97)