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Mar 05, 1999 8:00 am
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03-05-1999 90060 014 ****61.25

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003222

1. Corporation Name

**HOTEL HUMAN RESOURCES ASSOCIATION OF CENTRAL FLO
RIDA, INC.**

Principal Place of Business

HOLIDAY INN HOTEL & SUITES MAIN GATE EAST
% LIZ NORFOLK. 5678 W IRLO BRONSON MEM HWY
KISSIMMEE FL 34746

Mailing Address

HOLIDAY INN HOTEL & SUITES MAIN GATE EAST
% LIZ NORFOLK. 5678 W IRLO BRONSON MEM HWY
KISSIMMEE FL 34746



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/29/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3449556	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

DETZEL, CHRISTOPHER A ESQ
540 EAST HORATIO AVENUE #202
MAITLAND FL 32794-1030

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

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	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERAKES, JEAN	1.2 NAME	
STREET ADDRESS	DOUBLETREE GUEST SUITES RESORTS	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMKIEWICZ, JOANN	2.2 NAME	
STREET ADDRESS	WYADAM SAFARI	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, SUZANNE	3.2 NAME	
STREET ADDRESS	ORLANDO MARRIOTT INTERNATIONAL DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELETED	4.2 NAME	
STREET ADDRESS	DELETED	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELETED	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORFOLK, LIZ CHRE	5.2 NAME	
STREET ADDRESS	HOLIDAY INN SUN SPREE RESORT	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUENA VISTA FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBERLY, JONNI	6.2 NAME	
STREET ADDRESS	TAMAR INNS	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLAND FL 32819	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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2-25-99 407-396-4488

Date

Daytime Phone #

CR2E037 (1/98)