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FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000086959 (2)

1. Corporation Name  
HOTEL MANAGEMENT SERVICES, INC.



Principal Place of Business  
7829 GREENBRIAR PARKWAY  
ORLANDO FL 32819

Mailing Address  
7829 GREENBRIAR PARKWAY  
ORLANDO FL 32819-8826

2. Principal Place of Business

21 Suite 6355 MetroWest Blvd.  
22 Suite 330  
23 City & State Orlando, Florida 32835  
24 Zip Country

2a. Mailing Address

26 Suite 6355 MetroWest Blvd  
27 Suite 330  
28 City & State Orlando, Florida 32835  
29 Zip Country

3. Date Incorporated or Qualified  
12/16/1993

3a. Date of Last Report  
03/04/1996

4. FEI Number  
59-3215880

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ROSSMAN, NANCY A  
7829 GREENBRIAR PARKWAY  
ORLANDO FL 32819

10. Name and Address of New Registered Agent

81 Name ROSSMAN, NANCY A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
6355 MetroWest Blvd.  
83 Suite 330  
84 City Orlando, Florida 32835 FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	ROSSMAN, NANCY A	7829 GREENBRIAR PARKWAY	ORLANDO FL 32819	<input type="checkbox"/>
D	ROSSMAN, NORMAN A	7829 GREENBRIAR PARKWAY	ORLANDO FL 32819	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
P/D	ROSSMAN, NANCY A	6355 METROWEST BLVD SUITE 330	ORLANDO FL 32835	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/97 623-2323 407 354005

CR2E034 (9/96)