SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000095469	(9)
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HOTEL SALES AND MARKETING I, INC. Mailing Address Principal Place of Business 4830 36TH ST SW 4830 36TH ST SW ORLANDO FL 32811 ORLANDO FL 32811 3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1995 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 This corporation has I ability for intangible tax under s 199 032 Country Z_{10} Zip Country Yes 🔀 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LOCKLIN, CLAYTON D Street Address (P.O. Box Number is Not Acceptable) 4830 36TH ST SW ORLANDO FL 32811 83 Zip Code 85 84 City 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, it am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (Na.11) Registered Agent signature required when reinstating? Signature, type-J or printed hand, of regulated agent and title 4 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 KX Change Addition DELETE 1.1 TIBLE TITLE PRESIDENT 1.2 NAME NAME CLAYTON D. LOCKLIN 13 STREET ADDRESS STREET ADDRESS 4380 36th ST. S.W.-ORLANDO, FL 32811 14 CITY ST-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE THLE VP,S,T. 2 2 NAME BEN BRUMMETT 2.3 STREET ADDRESS STREET ADDRESS 4380 36th ST. S.W. 2 4 CITY ST-ZIP CITY - ST - ZIP ORLANDO, FL 32811 Change Addition DEVETE 3 1 1HLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 City-ST-ZiP CITY-ST-ZIP Change Addition DELETE 41 TiTLE THILE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 2IP CITY - ST - ZIP Change Addition DELETE 61THLE TITLE 6.2 NAME NAME

14. I do hereby certify that the information supplied with this filing is required and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I any an office or director of the convertion of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in thick 22 of Block 13 if chanced for opening the convertion with an address. auton Dlacklin 7/25/46 839-1133 that my name appears in

6.3 STREET ADORESS

64 O(TY - \$5 - 7)P

SIGNATURE:

STREET ADDRESS

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