## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P95000095469	(9)

## **FILED** May 07 1997 8:00am Secretary of State

HOTEL SALES AND MARKETING Principal Place of Business	I, INC.  Mailing Address					
4830 36TH ST SW ORLANDO FL 32811	4830 36TH ST SW ORLANDO FL 32811					
			3. Date incorporated or Qu		ate of Last F	teport
5 Philosipat Divos et Queinos -	2a. Mailing Address		12/13/1995 4. FEI Number	<u> </u>	30/1996	allad Fac
2. Principal Place of Business  21 8 7Ki by BRAnck	26 8 TR( by 1	SRAnch	59-3351809		<del></del>	oplied For ot Applicable
Suite, Apt #, etc	Suite, Apt. #, etc.	-1.11/23		ired 🔲	<del></del>	Additional
22	27		5. Certificate of Status Des	ired Li	Fee R	equired
City & State 23 Lonsword for	City & State 28 6 000000	1 fl	Election Campaign Final Trust Fund Contribution	ncing		May Be to Fees
Zip Country	Zip	Country	8. This corporation has liab	oility for intangible	tax under s	199.032,
24 32779 25 Simmole		30 Simnale	Florida Statutes		Z No	
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of	New Registered	Agent	
LOCKUN, CLAYTON D		81 Name				
4830 36TH ST SW		82 Street Add	dress (P.O. Box Number is Not A	cceptable)		
ORLANDO FL 32811		63 -	40 11 1 DOI			
			TRILLY BRAN	CH		
		84 City	26,200	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0	502 and 607 1508 Florida Statute	e the above-named cor	rootation submits this statement		t changing i	s registered
11. Tursdant to the provisions of Sections Cort.	ate of Florida, Such change was a	uthorized by the corner	ation's board of directors. I herek	ov accept the and	pointment as	registered
office or registered agent or both, in the Sta	to di i londeti cocci di diago tras c	idirionized by the believe	ation o pour o or an equore. I have	a) goodbi ino dbi		
office or registered agent or both, in the Sta agent. I am familiar with, and accept the obl	ligations of, Section 607.0505, Flo	orida Statutes.	ation of pour of an options. Therefore	o, scoop, mo ap		
SIGNATURE		orida Statutes.  Registered Agent signature requ		DATE		
SIGNATURE Signature, Typed or printed name of registered in				DATE		
SIGNATURE Signature, hypertice printed name of registered in	agent and title if applicable. (NOTi	Registered Agent signature requ	uired when reinstating)	DATE		
SIGNATURE Steadure. Typed or professional of regelerate  12. OFFICERS A  THE P  NAME LOCKLIN, CLAYTON	agont and title of applicable. (NOTE	Registered Agent signature requ	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE  SIGNATURE SIGNATURE IN PROPERTY OF PROPERTY	agont and title of applicable. (NOTE	Registered Agent signature required.  13.  1,1 1ITLE	uired when reinstating)	DATE	DIRECTOR	RS IN 12
SIGNATURE     Signature, hyperties printed name of registered	egont and little of applicable. (NOTE  LND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
SIGNATURE	agont and title of applicable. (NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstating)	DATE	DIRECTOR	RS IN 12
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SIGNATURE  12. OFFICERS A TITE P NAME LOCKLIN, CLAYTON SIREELADORESS 4380 36TH ST. SW ORLANDO FL 32811 TITLE VST NAME BRUMMET, BEN SIREELADORESS 4380 36TH ST. SW ORLANDO FL 32811 TITLE USE CITY-ST-ZIP ORLANDO FL 32811	egont and little of applicable. (NOTE  LND DIRECTORS  DELETE	13. 1.1 IITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE	uired when reinstating)	DATE	DIRECTOR Change	RS IN 12
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appears in Block 12 or Block 13