## 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 # S58551

(0)

HOSPITA	ALITY BROKERAGE SERVIC	ES, INC.			8
Principal Place of Business  5912 TARAWOOD DRIVE ORLANDO FL 32619 US		Mailing Address 5912 TARAWOOD DRIVE ORLANDO FL 32819-4420 US			
1				3. Date Incorporated or Qualified 05/22/1991	3a. Date of Last Report 08/06/1996
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3079625	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	W W W	27		C. Communication of charge publication	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	r intangible tax under s. 199.032, ☐ Yes ☐ No
24	25 9. Name and Address of Curren		30	Florida Statutes  10. Name and Address of New R	
CHD		t registered Agent	81 Name	ID. Hame Bit Address of How I	ogiatorou Agont
	EVE, RICHARD E.				
5912 TARAWOOD DRIVE ORLANDO FL 32819			82 Street Add	ress (P.O. Box Number is Not Accepta	able)
OnL	WHOO LE 25919		83		
			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050; eg stered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing its registered ept the appointment as registered
SIGNATIONE	Signature, type for printed name of registricic ages		Hegisteren Agent signature requ		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	
TITLE	P SHOPPE BIGULARD F	☐ DELETE	1.1 TATLE		Change Addition
NAME	SHREVE, RICHARD E.		1.2 NAME		
STREET ADDRESS	5912 TARAWOOD DRIVE		1 3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL ST	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE	SNEDDON, JOCK M	L_J DELICIE	2 1 TITLE		Change ET vocation
NAM:	5912 TARAWOOD DRIVE		2.2 NAME		
STREET ADORESS	ORLANDO FL 32819		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	UNLANDO FL 32019	DELETE	2 4 CHY-ST-ZIP 3 1 THUE		Change Addition
NAME		C. betti	3.2 NAME		- Change Manifoli
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - S1 - ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		J
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-SI-ZIP			4.4 CITY - ST - ZIP		
DILE	**************************************	DELETE	5.1 T(T.E		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY+S1-ZIP			6.4 CITY+ST-ZIP		

14. I do hereby contify 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 suppliemental 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 private 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 all chimnent with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRIVITED NAME OF SIGNING OFFICER OR DIRECTOR.

Carlot Private

Ca

-034 (9/96)

**FILED** 

Jan 14 1997 8:00am

Secretary of State