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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90146 044 ***150.00

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1. Corporation					<u></u>		
HOSPITA	ality marketing associa	ITES, INC.					
							8 1811 61811 81811 1881
Principal Place	e of Business	Mailing Address					
20165 NW 10 ST. P.O. BOX 820456							
HOLLYWOOD F	L 33029	HOLLYWOOD FL 33082			DO NOT WRITE	IN THIS SPAC	E
					3. Date Incorporated or Qualifed		
	•				07/23/1991		
2. Principal P	lace of Business	2a. Mailing Address			4, FEI Number	L	Applied For
21 /37	20 NW 18 DI ·	26			65-0274879		Not Applicable
Guite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	19 11 77	City & State			6. Election Campaign Financing	S :	5.00 May Be
23 /Em/	Porte Kines FL	28			Trust Fund Contribution		dded to Fees
Zip	Country	Zip	Country		8. This corporation owes the current	t year intangible	
24 55	5028 25 LISA	29	30		Personal Property Tax.		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
			81	Name			
	NER, LAWRENCE ALAN		82	Street Add	ress (P.O. Box Number is Not Acceptable	e)	
	55 NW 10 ST.		"	0.0007,122			
HOL	LYWOOD FL 33029		83				İ
	• •		84	City		85	Zip Code
				City			,
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, Florida Statute	s, the above	-named corp	poration submits this statement for the pu	repose of changi	ing its registered as registered
			itnonzed by	the corporati	on's poard of directors, i nereby accept		
agent. i a	im familiar with, and accept the obligation	ions of, Section 607.0505, Flori	itnonzed by ida Statutes.	the corporati	on's board of directors. I hereby accept		
agent. i a	im familiar with, and accept the obligati	ons or, Section 607.0303, Fion	ida Statutes.				
agent. I a	Im familiar with, and accept the obligation in the control of registered agent.	and title if applicable. (NOTE:	Registered Agen		ad when reinstating)	DATE	
SIGNATURE 12.	M familiar with, and accept the obligation of registered agent OFFICERS AND	and the if applicable. (NOTE:	Registered Agent			DATE	ECTORS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE:	Registered Agent 13.		ad when reinstating)	DATE CERS AND DIR	ECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND P WEINER, LAWRENCE ALAN	and the if applicable. (NOTE:	Registered Agent 13. 1.1 TITLE 1.2 NAME	t signature require	ad when reinstating)	DATE CERS AND DIR	ECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P WEINER, LAWRENCE ALAN 20165 NW 10 ST	and the if applicable. (NOTE:	Registered Agent 13. 1.1 TITLE 1.2 NAME 1.3 STREET	t eignature require	ad when reinstating)	DATE CERS AND DIR	ECTORS IN 12
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4. 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 607, 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034