

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S81443** (1)

1. Corporation Name

LODGING INDUSTRY TRAINING CENTER, INC.

Principal Place of Business

**2817 NORTH POWERS DRIVE
SUITE 400
ORLANDO FL 32818-3241**

Mailing Address

**P.O. BOX 680249
ORLANDO FL 32868-0249
US**



3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

02/21/1995

4. FEI Number

62-1125954

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROKAW, BARRY L.
2817 N. POWERS DR.
SUITE 400
ORLANDO FL 32818-3241**

81 Name

PATRICIA A. BROKAW

82 Street Address (P.O. Box Number is Not Acceptable)

SAME

83

84 City

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, 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

Patricia A. Brokaw

Signature of Registered Agent required when not stating:

DATE

3/15/96

12. OFFICERS AND DIRECTORS

12.1 NAME	P	<input checked="" type="checkbox"/> DELETE
12.2 STREET ADDRESS	BROKAW, BARRY L	
12.3 CITY, ST, ZIP	2817 N. POWERS DR #400 ORLANDO FL	
12.4 NAME	V	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS	BROKAW, PATRICIA A	
12.6 CITY, ST, ZIP	2817 N. POWERS DR #400 ORLANDO FL	
12.7 NAME		<input type="checkbox"/> DELETE
12.8 STREET ADDRESS		
12.9 CITY, ST, ZIP		
12.10 NAME		<input type="checkbox"/> DELETE
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 NAME		<input type="checkbox"/> DELETE
12.14 STREET ADDRESS		
12.15 CITY, ST, ZIP		

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS, N.Y.

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 STREET ADDRESS	
13.11 CITY, ST, ZIP	
13.12 NAME	100001751931
13.13 STREET ADDRESS	-03/21/96--01014--026
13.14 CITY, ST, ZIP	***200.00
13.15 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.16 STREET ADDRESS	
13.17 CITY, ST, ZIP	
13.18 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.19 STREET ADDRESS	
13.20 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 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:

Patricia A. Brokaw **PATRICIA A BROKAW**

3/15/96

407 293 7300

Date

Daytime Phone #

3-20-96

CR2E034 (12/95)