FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED AND FILED
95 MAY -1 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S96131 (5)

1. Corporate Name
HOSPITALITY MANAGEMENT OF AMERICA, INC.

Principal Place of Business
100 WEST LIVINGSTON STREET
ORLANDO FL 32801

Mailing Address
100 WEST LIVINGSTON STREET
ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/22/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # etc. — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-3150376 — 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. Does corporation intend to elect to be taxed as a "S" corporation under Florida Statutes? ☐ Yes XX No

9. Name and Address of Current Registered Agent
HARMENING, W.A., II
100 W. LIVINGSTON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, 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. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TYPE	DP
NAME	HARMENING, W A II
STREET ADDRESS	100 W. LIVINGSTON STREET
CITY, ST, ZIP	ORLANDO FL
TYPE	DST
NAME	LOCKE, JOHN
STREET ADDRESS	100 W. LIVINGSTON STREET
CITY, ST, ZIP	ORLANDO FL
TYPE	DC
NAME	~~STINE, ROBERT H~~
STREET ADDRESS	100 W. LIVINGSTON STREET
CITY, ST, ZIP	ORLANDO FL
TYPE	DV
NAME	~~MESCON, JONATHAN~~
STREET ADDRESS	100 W. LIVINGSTON STREET
CITY, ST, ZIP	ORLANDO FL
TYPE	D
NAME	STINE, JEFFREY P.
STREET ADDRESS	100 W. LIVINGSTON STREET
CITY, ST, ZIP	ORLANDO FL
TYPE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE	No longer an officer	XX Change ☐ Addition
NAME	Mescon, Jonathan	
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TYPE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is accurately entered and checked clearly for the information called for on the forms prescribed by Florida Statutes. I further certify that the information contained on this annual report is supplemental and/or corrective and that no signature shall have the same legal effect of mark on the roll. That I am an officer or director of the corporation or the agent or legal representative to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or attached with an address.

SIGNATURE: W.A. Harmening 5/1/95 407-813 5775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0062704 CP