

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 # V72928 (7)

1. Corporation Name

ROOM MANAGEMENT TRUST SERVICES, INC.



Principal Place of Business

Mailing Address

**111 SOUTH MAITLAND AVENUE
MAITLAND FL 32751**

**16586 SE 57TH PL
OCKLAQAH FL 32179
US**

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.		26	1221 Academy Dr	
22	City & State		27	Altamonte Springs, FL	
23	Zip	Country	28	Zip	Country
24	32751	US	29	32179	U.S.A

3. Date Incorporated or Qualified	3a. Date of Last Report
10/16/1992	04/10/1995
4. FEI Number	Applied For
59-3146517	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	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAUM, JOHN V.
111 SOUTH MAITLAND AVENUE
MAITLAND FL 32751**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature, typed or printed name if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAUM, JOHN V.	1.2 NAME	
STREET ADDRESS	111 S. MAITLAND AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRELL, DAVID	2.2 NAME	
STREET ADDRESS	432 S. HUGHEY AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRELL, LINDA	3.2 NAME	
STREET ADDRESS	16586 SE 57TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCKLAQAH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**P + S
Maxwell Hutchins
1221 Academy Dr
Altamonte Springs, FL**

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:

Maxwell Hutchins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.15.96 (407) 865-7939
Date Daytime Phone

CR2E034 (12/95)