FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(4)

VACATION STRETCHERS, INC.

FILED								
May 0	7 1998	8:00am						
Secr	etary o	of State						



Principal Place	of Business	Mailing Address			I INDIAL MITIL BLEAT OUTON SELLE ALBEI ATT	AL BIBLI DIDI DIDI D	IEM CIBN 1881
4495 SW 35	ST	4495 SW 35 ST					
STE A		STE A ORLANDO FL 32811	STE A		DO NOT WRITE IN THIS SPACE		
ORLANDO FL US	. 32611	US			3. Date Incorporated or Qualified		
•					09/15/1977		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21		26			59-1777761		lot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	t ·	Additional
22		27					Required
City & State	•	City & State			6. Election Campaign Financing		May Be
Zip	Country	Zip Country		Trust Fund Contribution			
24	25	} —¬,	10		Personal Property Tax due June 30.		□ No
24	9. Name and Address of Current	· + · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Regist	ered Agent	
НА	JUGER, THERESIA S		8	1 Name			
	35 PASADENA DRIVE		F	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32809			82 Street A		Cos (1.0. Box Hamber to Hor / toooptable/		
			8	3			
			8	4 City		85 Zip	Code
.M:	R. HAUGER SIGNED	IN THE WRON	6 17N	E.HE 1	MEANI_TO		
11. Pur uant office ON	The provision of Each process the ships	and 607.1508, Florida Statuto if Florida: Such change was a kans of Soction 607.0505. Flo	es, the about horized ride Statut	ve-named corp by the corporat	MEANT TO poration submits this statement for the purp- lion's board of directors. I hereby accept th	ose of changing e appointment a	its registered s registered
\ \ \		~ O ~ ~ ~ //		100000	1.000		27/92
SIGNATURE	Signature typa crepented raper of nooslend agest	God ble dapple able (NOT)	Registered 4	gent signature retjuir	red when reinstating)	ATE	
12.	OF LICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 7(1).0			Change	L_ Addition
NAME	HAUGER, THERESIA S.		1.2 NAME				
STREET ADDRESS	5435 Pasadena Drive Orlando fl			E1 ADDRESS			
CITY-ST-ZIP TITLE	ST ST	DELETE	2.1 TITL	- S1 - ZIP		Change	Addition
NAME	HAUGER, GUY F.	L_J receive	2.2 NAM				
STREET ADDRESS	5435 PASADENA DRIVE			E1 ADDRESS			1
CITY-ST-ZIP	ORLANDO FL			- S1 - ZIP			
TITLE	D	DELETE	3 1 TITL		70.00	Change	Addition
NAME	CARPENTER, JEANETTE Y.		3 2 NAM	E			
STREET ADDRESS	5157 FORMBY DR		3 3 STRI	ET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		3 4. CITY	'-ST-ZIP			
TITLE		☐ DELETE	4 1 1171			Change	Addition
NAME			4 2 NA	-			
STREET ADDRESS				ET ADDRESS			
CITY-\$T-ZIP		DELETE		- ST - ZIP		Change	Addition
TITLE		☐ Officit	5.1 TITU			crossige	
NAME			5.2 NAM				
STREET ADDRESS				E1 ADDRESS - ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	6.1 TITU			Change	Addition
NAME			6.2 NAM	1			·
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP				- ST- ZIP			:
0111-01-211			0.000		Casting 110.07/2/() Florido Stotutos I fuel	han and the shoot of	a information

14. Thereby 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 early 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 changes for on an attachment with an address.