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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT# 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90251 039 ***150.00

VACATIO	JN STRETCHERS, INC.						
Principal Plac	e of Business	Mailing Address)II 1001
4495 SW 35 S	т	4495 SW 35 ST					
STE A		STE A		DO NOT WRITE IN TH	e enace		
ORLANDO FL 32811 US		ORLANDO FL 32811 US		3. Date Incorporated or Qualifed	3 SFACE		
03		03			09/15/1977		
2 Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr lied	For
21		26		59-1777761	Not Applicable		
Suite, Act. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional		
22		27		5. Certifc ate of Status Desired	Fee Recuired	t	
City & State		City & State		6. Election Campaign Financing	\$5.00 May E	3e	
23		28		Trust Fund Contribution	Added to Fee	s	
Zip Courtry		Zip Country		8. This corporation owes the current year			
24	25	29	30		Persor al Property Tax.	Yes []No	<u>-</u>
	9. Name and Address of Currer	nt Registered Agent		M Name	10. Name and Address of New Registere	a Agent	
MAI	IGER, THERESIA S		,	Name]
	5 PASADENA DRIVE		1	Street Acd	ress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32809		ļ.	33		·	
UNL	ANDO FE 32009		['	53	•		į
			[3	34 City	F	85 Zip Code	
		20 4 CO7 4509 F(no the ob	l named seri	poration submits this statement for the purpose		ered
office cri	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was a	uthorized i	ov the corporati	on's board of cirectors. I hereby accept the app	ointment as reg stere	∌d
SIGNATURE	Signature, typed or printed naine of registered age	nt and title if applicable. (NOT):	Registered A	gent signature require			
12.		NE DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE ात्रा		E		Change	Addition
HAUGER, THERESIA S.		13					
STREET ADDRE 3S			1.3 STR	EET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		_	-ST-ZIP		Change III	Addition
TITLE	ST	☐ DELETE	2.1 TITL			☐ Change ☐	Addition
NAME	HAUGER, GUY F.	2.2 N/					
STREET ADDRE 3S	010017107122111		2	EET ADDRESS			ļ
CITY-ST-ZIP	ORLANDO FL			/-ST-ZIP		Change	Addition
TITLE	D SAPPENTED IFANIFITE V					_голану с	/ YGGIRON
NAME	CARPENTER, JEANETTE Y.						
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	□ DELETE	3.4. CIT 4.1 TITE	(-ST-ZIP		Change	Addition
TITLE		L' DETEIR		_			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NAME			4. 2 NAI	- 1			
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			5.1 TITL	-ST-ZIP		Change	Addition
TITLE		□ OELE18	5.1 HTL 5.2 NAM	l l			
NAME			1	EET ADDRESS			
STREET ADDRESS				-ST-ZIP			}
CITY-ST-ZIP		□ DELETE	61 TITL			Change	Addition
TITLE	1			ι			
NAME	<u> </u>		62 NAM	E			
NAME STREET ADDRESS				EET ADDRESS			

14. 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 a nnual 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, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP