SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE \$/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT** 1997 **DOCUMENT # H30469**

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(1)

FILED Aug 15 1997 8:00am Secretary of State

SUNNIL	AND TRAVEL BUREAU, IN	C. (1)		T AREADI AIRA NON RACU RIPIA AND DA	d Brain Angu angu angu angu angu angu angu	
			····			
Principal Place	of Business	Mailing Address			. 41914 51914 61911 91911 91911 91911 1984	
SO E CENTRAL ORLANDO FL 32801 US		50 E CENTRAL ORLANDO FL 32801 US		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	3a. Date of Last Report	
				11/19/1984	01/30/1996	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 13 5.1	nagnolia Auc	26 /3 S. Magnoli	g Auc	59-2469930	Not Applicable	
Sulte, Apt. #	ŧ, eto∮	Suite, Apt. #, etc.		6. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
		City & State				
23 Orlan		28 Orlando F	ı	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip _	Country	8. This corporation owes or has pa		
24 3280	25 VSA	29 3280/ 3	OVSA	Personal Property Tax due June	6 -/ - 1	
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Re		
ENTE, ROBERT B. B1 Name EWEN S. Rowe Magyan						
I de col Est seconol se successo				Address (P.O. Box Number is Not Acceptab		
ORL	ANDO FL 32801		L. I	13 S. Magnocia Ave		
			83			
			84 City	· · · · · · · · · · · · · · · · · · ·	85 Zip Code	
	_1			Orlando	- FL 「21-80 / 「	
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 registrated 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.						
agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.						
SIGNATURE	1 / Was Now	e GGAD			0/99	
	nature, typed or printed henre of registered ag			required when reinstating)	DATE	
12.	PD OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition	
NAME	ENTE, ROBERT B.	4 0000	1.2 NAME	Ewer S. Rowe Magyar	Ext change () Addition	
STREET ADDRESS	13 SOUTH MAGNOLIA AVEN	115	1.3 STREET ADDRESS	13 5. Magnous Are] !	
CITY-ST-ZIP	ORLANDO FL	OL	1.4 CITY - ST - ZIP	Orlando pr 32801	j,	
TITLE	SD	DELETE	2.1 TITLE	7,1000	Change Addition	
NAME	MAGYAR, GWEN S. ROWE	-	2.2 NAME			
STREET ADDRESS	13 SOUTH MAGNOLIA AVEN	UE	2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY - ST - ZIP		Ĭ	
TITLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME		İ	
STREET ADDRESS			3.3 STREET ADDRESS		I	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	41 TITLE		Change Addition	
NAME			4. 2 NAME		Ì	
STREET ADDRESS			4.3 STREET ADDRESS		·	
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DECLET	5.4 CITY-ST-ZIP		Chan I Laure	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME OTDGET 4000EGG			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		· [
CITY-ST-ZIP	v certify that the information supplie	d with this filing does not qualify f	64 CITY-ST-ZIP or the exemption s	tated in Section 119.07(3)(i), Florida Statutes	. I further certify that the	

annual oport or supplemental annual roport is true and accurate and that my signature shall have the same legal effect as if made under eath; that he officeration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name 13 chapter 607 or on an attachment with an address.