

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

FILED

**May 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000034853 (9)
1. Corporation Name
VENTURA HOLIDAY & VACATION CENTER, INC.



Principal Place of Business: **1948 OSCEOLA PKWY, KISSIMMEE FL 34743, US**
Mailing Address: **1948 OSCEOLA PKWY, KISSIMMEE FL 34743**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	05/05/1994	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	65-0505142	
24	Country	29	Country	Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MOSS, LORRIANE S 1535 BROOKHOLLOW DRIVE ORLANDO FL 32824				81 Name: MOSS, LORRAINE S.			
				82 Street Address (P.O. Box Number is Not Acceptable): 3016 STILLWATER DR.			
				83 City: KISSIMMEE			
				84 City: KISSIMMEE, FL 85 Zip Code: 34743			

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Lorraine Moss* (Signature) / 4/28/98 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, LORRAINE	12 NAME	
STREET ADDRESS	235 BURNING TREE DR	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34743	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORST, ELAINE S	22 NAME	
STREET ADDRESS	3500 NW 98TH AVE	23 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORST, CHARLES F	32 NAME	
STREET ADDRESS	3500 NW 98TH AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 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: *Lorraine Moss* (Signature) / 4/28/98 (Date) / 407-344-0030 (Phone)

CR2E034 (10/97)