

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V21239 (1)**

1. Corporation Name  
**CONTEMPO FLORIDA HOLIDAYS LIMITED, INC.**



Principal Place of Business: **6537 SANDPIPER PLAZA LAKELAND FL 33809 US**  
Mailing Address: **PO BOX 91929 SANDPIPER GOLF & COUNTRY CLUB LAKELAND FL 33804-1929**

3. Date Incorporated or Qualified: **03/16/1992**  
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business: **6001 Sandpiper Dr**  
2a. Mailing Address: **6001 Sandpiper Dr**  
21. Suite, Apt. #, etc.:  
22. City & State: **Lakeland, FL**  
23. Zip: **33809** Country:  
24. City & State: **Lakeland, FL**  
25. Zip: **33809** Country:

4. FEI Number: **59-3113179**  
Applied For: 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:  Yes  No

9. Name and Address of Current Registered Agent  
**WHERRETT, DONALD  
6537 SANDPIPER PLAZA  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable): **6001 Sandpiper Dr**  
83. City: **Lakeland** FL 85. Zip Code: **33809**

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **APRIL 24th 96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD WHERRETT, DONALD</b>	
STREET ADDRESS	<b>6265 PEACOCK RUN</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D LEVENTHAL, GARY</b>	
STREET ADDRESS	<b>5835 LOMA VISTA DR.</b>	
CITY-ST-ZIP	<b>DAVENPORT FL</b>	
TITLE	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DS TURNER, MARK</b>	
STREET ADDRESS	<b>6121 KITTIWAKE DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

7162 Montreal Dr  
LAKELAND, FL 33809  
33837  
600001851016  
-06/04/96--01172--015  
\*\*\* ~~200.00~~ 200.00

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 in my own hand; 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: *[Signature]* **Donald Wherrett** APRIL 24th 96.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

CR2E034 (12/95)