FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 27 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **544678** **(6)**

1. Corporation Name
HOLIDADE CORPORATION

Principal Place of Business	Mailing Address
10775 S.W. 200 STREET MIAMI FL 33189	10775 S.W. 200 STREET MIAMI FL 33189

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/07/1977**
3a. Date of Last Report: **02/03/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-1854164** ☐ 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

LEEMON, CHARLES L.,III
10775 S.W. 200 STREET
MIAMI FL 33189

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	D/V	☒ Change ☐ Addition
NAME	LEEMON, C.L.	1.2 NAME	Leemon, Charles	
STREET ADDRESS	10775 S.W. 200 STREET	1.3 STREET ADDRESS	10775 S. W. 200th Street	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33189	
TITLE	T	2.1 TITLE		☒ Change ☐ Addition
NAME	LEEMON, P.A.	2.2 NAME	Delete	
STREET ADDRESS	10775 S.W. 200 STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	LEEMON, LINDA	3.2 NAME	Delete	
STREET ADDRESS	17704 SW 83 COURT	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D/P	☒ Change ☐ Addition
NAME	LEEMON, CHARLES III	4.2 NAME	Leemon, Charles L. III	
STREET ADDRESS	17704 SW 83 COURT	4.3 STREET ADDRESS	17704 S. W. 83rd Court	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, Florida 33157	
TITLE		5.1 TITLE	D/S/T	☐ Change ☒ Addition
NAME		5.2 NAME	Toole, Jacquelyn I.	
STREET ADDRESS		5.3 STREET ADDRESS	10775 S. W. 200th Street	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, Florida 33189	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: _____ **Charles L. Leemon III** **1-20-95** **305-253-3037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0431000 FP