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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H10499

(2)

SUNDANCE MOTOR HOME RENTALS, INC.

Principal Place of Business	Mailing Address
5200 SOUTH STATE RD. 7 (441)	5200 SOUTH STATE RD. 7 (441)
FORT LAUDERDALE FL 33314	FORT LAUDERDALE FL 33314-6402

FILED Jun 11 1997 8:00am Secretary of State



5200 SOUTH STATE RD. 7 (441) FORT LAUDERDALE FL 33314		5200 SOUTH STATE RD. 7 (441) FORT LAUDERDALE FL 33314-6402						
					 Date Incorporated or Qualified 07/02/1984 	3a. Date of Las 04/30/1990	•	
L		2a. Mailing Address	¬ ` ` `		4. FEI Number		Applied For	
Suite, Apt.	# oto	Suite Apt. #, etc.			59-2583010		Not Applicable	
22		27	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			6. Election Campaign Financing Trust Fund Contribution			
Zip	Country 25	Zip Country 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
	9. Name and Address of Currer		1991		10. Name and Address of New Reg			
BRIE	EFMAN, KAREN A.		8	1 Name				
9000 W. SHERIDAN ST. SUITE 104			8	82 Street Address (P.O. Box Number is Not Acceptable)				
	IE 104 IBROKE PINES FL 33024		8	3				
			8	4 City		FL 85 Z	p Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Statut	es, the abo	ve-named o	corporation submits this statement for the p	roose of changing	g its registered	
office or r agent. I a	registered agent, or both, in the State im familiar with, and accept the obligi	i of Florida. Such change was a ations of, Section 607.0505, Flo	authorized orida Statut	by the corp es.	oration's board of directors. I hereby accep	t the appointment	as registered	
SIGNATURE					·		•	
	Signature, typed or printed name of registered age			gent signature r	required whon reinstating)	DATE DIDEOT	050 11 40	
12. TITLE	OFFICERS AN	DELETE	1.1 701.6		ADDITIONS/CHANGES TO OFFICE	Chang		
NAME	HOWARD, THOMAS M.	beeric	1.2 NAM	:	Howard Thomas M	LP) bliang	c Li vogicon	
STREET ADDRESS	5125 SW 87TH AVENUE			EL ADORESS	277 Liverpool Cove			
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY		Longwood FL 327	79		
TITLE	STD	☐ DILETE	2.1 TITLE		VD	Chang	e 🔲 Addition	
NAME	HOWARD, LINDA W.		2.2 NAM		Howard Linda W		ļ	
STREET ADDRESS	5125 SW 87TH AVENUE		23 STRE	ET ADDRESS	277 Liverpool Cove	_		
CITY-ST-ZIP	COOPER CITY FL			-ST-71P	Longwood FL 35	2779		
TIPLE	PD	DELETE	3.1 TITLE		210	Chang	e 🔲 Addition	
NAME	BREIFMAN, JULIUS		3.2 NAM	·	Howard Lindall			
STREET ADDRESS	9606 N.W. 16TH COURT PEMBROKE PINES FL		1		277 Liverpool Cove	7770		
CITY-ST-ZIP TITLE	PEMBRONE FINES FL	DELETE	4.1 TITUE	-ST-ZIP	Longwood FL 3:	Chang	e Addition	
NAME :	•		4. 2 NAM			EL3 Onling		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	igi J		4.4 C(TY	-S1-ZIP				
TITLE	. / .	DELETE	5.1 TITLE			☐ Chang	e Addition	
NAME	* #		5.2 NAM	E				
STREET ADDRESS			5.3 STRE	E1 ADDRESS				
CITY-ST-ZIP			5.4 CITY					
TITLE		☐ DELETE	6.1 TITLE			L Chang	e [] Addition	
NAME			6.2 NAM	i				
STREET ADDRESS				ET ADDRESS			ľ	
CITY-ST-ZIP			64 CITY	-ST-ZIP				

I do 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 applittachment with an address.

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