

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H35485**

1. Corporation Name

**HOLIDAY VENTURES, INC.**

Principal Place of Business

**80051 OVERSEAS HWY  
ISLAMORADA FL 33036  
US**

Mailing Address

**3135 STATE RD 580  
SUITE 13  
SAFETY HARBOR FL 34695  
US**

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90027 048 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/27/1984**

4. FEI Number

**59-2489142**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** **412 SHORE DRIVE EAST**

Suite, Apt. #, etc.

**27** City & State

**28** **OLDSMAR, FL**

**29** **34677** **30** **PINELLAS**

9. Name and Address of Current Registered Agent

**WALLACE, DAVID L.  
3135 STATE RD 580  
SUITE 13  
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

**81** Name **same person - just change address**

**82** Street Address (P.O. Box Number is Not Acceptable)

**412 SHORE DRIVE EAST**

**83**

**84** City

**OLDSMAR**

**FL**

**85** Zip Code

**34677**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VPD** ☐ DELETE  
NAME **HORSCH, KARL RAINER**  
STREET ADDRESS **FRANZ WIEDERMEIR ST. 25**  
CITY-ST-ZIP **7900 ULM, F.R.G.**

TITLE **PTD** ☐ DELETE  
NAME **WALLACE, DAVID L.**  
STREET ADDRESS **3135 STATE RD 580 SUITE 13**  
CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/19/99**

**813-855-6561**

Date

Daytime Phone #

CR2E034 (11/98)