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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H60290 (4)

HOLIDAY ENTERPRISES UNLIMITED, INC.

FILED Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						I IEBIANI ERIA BINN ADNIA MUSIK ASIN ASIN AHRI	BIBNI AIRNI GIBI	1 81831 (491
5820 MISSOURI AVE. NEW PORT RICHEY FL 34652			5820 MISSOURI AVE. NEW PORT RICHEY FL 34652			DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 06/04/1985		
2. Principal Pl	ace of Business	2a. Mailing A	ddress			4. FEI Number	Ar	oplied For
21		26	<u> </u>			59-2544631	Not Applicable	
Suite, Apt. 4	#, etc.	Suite, Ap	<u> </u>			5. Certificate of Status Desired See Required Fee Required		
City & State		City & Str	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country Zip		_	Country		8. This corporation owes or has paid the current year Intangible		
24	25	29		<u>:ol</u>				_] No
	g. Name and Address of C	urrent Registered Age	nt			10. Name and Address of New Registered	Agent	
	inson, Keith D			81	Name			
	0 MISSOURI AVE. N PORT RICHEY FL 34852				82 Street Address (P.O. Box Number is Not Acceptable)			
, , , _ ,				83				
				84	City	FL	85 Zip (Code
11. Pursuant to the provisions of Socions 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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.		S AND DIRECTORS	(1011)	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	1S IN 12
TITLE	DPS DELETE		1.1 TITLE			Change	Addition	
NAME	JOHNSON KEITH D			1.2 NAME				
STREET ADDRESS	5820 MISSOURI AVE.			1.3 STREET	ADDRESS			
CITY-ST-ZIP	MEN BOOT DIGUEN EL BARRA			1.4 CITY-5	ST-ZIP]
TITLE			DELETE	2.1 TITLE			Change	Addition
NAME				2.2 NAME				
STREET ADDRESS				2.3 STREET	ADDRESS			
CITY-ST-ZIP				2 4 CITY-	ST-ZIP			
TITLE			DELETE	31 TITLE			Change	Addition
NAME				32 NAME				
STREET ADDRESS				3 3 STREET	T ADDRESS			•
CITY - ST - ZIP				3 4. CITY-	ST-ZIP			
TITLE		L	DELETE	4.1 TITLE	1		L Change	Addition
NAME				4. 2 NAME				
STREET ADDRESS				4.3 STREE	r address			
CITY-ST-ZIP			T DELETE	4.4 CITY-	ST-ZIP		C	Addition 1
TITLE		L	DELETE	5.1 TITLE			Change	Addition
NAME				5.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP			Treier	5.4 CITY-1	ST-ZIP		Change	Addition
TITLE		L] DELETE	6.1 TITLE			The Augusta	LT MUNICI
NAME				6.2 NAME				
STREET ADDRESS					T ADDRESS			
CITY-S1-ZIP				6.4 CITY-	ST-ZIP			1

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 Informatio 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.