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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # L06680

VENTUR/	A RESORT RENTALS, INC.					
Principal Place	of Business	Mailing Address		***	E IMBIINIT OLS BRIEB RIVIN BIINI ANII ANII ANII	I BIBIL BIBIL BIBIL BIBIL BIBIL 1881
5946 CURRY FORD RD 200 SOUTH ORANGE AVENUE SUITE 2300 ORLANDO FL 32822 US ORLANDO FL 32801-3432 US			IUE		DO NOT WRITE IN TH	IIS SPACE
					3. Date incorporated or Qualifed 08/03/1989	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	200 01 20311030	26			59-2961289	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 27 City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Country Zip Country 29 30		/	This corporation owes the current year Personal Property Tax.	Intangible ☑Yes ☐No
24]	9. Name and Address of Currer		1001		10. Name and Address of New Register	ad Agent
			81	Name		-
A.G.C. CO., 200 SOUTH ORANGE AVENUE			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
SUITE 2300			83			, , , , , , , , , , , , , , , , , , , ,
ORLANDO FL 32801-3432						
			84	City	F	85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	rot Florida. Such change was al	utnorized by	the corporati	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE					ed when reinstating) DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.	nt signature requir	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	DPST	DELETE 1.			7.55711011011111101111111111111111111111	☐ Change ☐ Addition
NAME	TAYLOR, CHERYL		1.2 NAME			
STREET ADDRESS	5946 CURRY FORD ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY+5	ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		•	☐ Change ☐ Addition
NAME	TAYLOR, ALAN		2.2 NAME			
STREET ADDRESS	5946 CURRY FORD ROAD		2.3 STREE	TADORESS		
CITY-ST-ZIP	ORLANDO FL 32822	<u>.</u>	2. 4 CITY-	ST-ZIP	·	
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			3.4. CITY- 4.1 TITLE	ST-ZIP		☐ Change ☐ Addition
TITLE						
NAME STREET ADDRESS			4. 2 NAME	T ADDRESS		
STREET ADDRESS			4.4 CITY-5			
CITY-ST-ZIP		4.4 CI DELETE 5.1 TII		., <u>4.</u> 11		☐ Change ☐ Addition
NAME		_	5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
etheet annhees			63 STREE	T ADDRESS		

CITY-ST-ZIP 14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS.