


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

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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L61819 (3)</b>			
1. Corporation Name <b>HOLIDAY HOMES OF ORLANDO, INC.</b>			
Principal Place of Business <b>9521 S. ORANGE BLOSSOM TRAIL 118A ORLANDO FL 32837 US</b>		Mailing Address <b>9521 S. ORANGE BLOSSOM TRAIL 118A ORLANDO FL 32837-8327 US</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>03/26/1990</b>	
2a. Mailing Address		3a. Date of Last Report <b>04/05/1996</b>	
21. Suite, Apt. #, etc.		4. FEI Number <b>59-3014789</b>	
22. City & State		Applied For Not Applicable	
23. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Country		9. Name and Address of Current Registered Agent <b>JONES, S. CANDEE 9521 S ORANGE BLOSSOM TR ORLANDO FL 32837</b>	
27. Country		10. Name and Address of New Registered Agent	
28. Country		81. Name <b>CANDEE JONES BROOKS</b>	
29. Country		82. Street Address (P.O. Box Number is Not Acceptable) <b>9521 S. ORANGE BLOSSOM TR.</b>	
30. Country		83. Suite <b>Suite 118A</b>	
31. Country		84. City <b>ORLANDO</b>	
32. Country		85. Zip Code <b>FL 32837</b>	
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. <b>Candee Jones Brooks</b> <b>3/31/97</b>			
SIGNATURE <b>Candee Jones Brooks</b> (NOTE: Registered Agent signature required when reinstating)			
DATE <b>3/31/97</b>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>DPS BROOKS, CANDEE JONES 5812 ST. REGIS PLACE ORLANDO FL</b>		1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
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1.11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>T BROOKS, CANDEE JONES 5812 ST REGIS PLACE ORLANDO FL</b>		1.11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>5812 ST. REGIS PLACE</b>	
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14. 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 an attachment with an address. <b>Candee Jones Brooks</b> <b>3/31/97</b> <b>407-946-5534</b>			
SIGNATURE: <b>Candee Jones Brooks</b> <b>3/31/97</b> <b>407-946-5534</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)