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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M56231 1. Corporation Name CENTRAL FLORIDA RESERVATIONS, INC.					
Principal Place of Business 2758 POINCIANA BLVD. KISSIMMEE FL 34746-5258			Mailing Address 2758 POINCIANA BLVD. KISSIMMEE FL 34746-5258		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 07/27/1987 4. FEI Number 59-2853772 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MEYERS, NEIL 5001 LAKE CECIL DR KISSIMMEE FL 34746			10. Name and Address of New Registered Agent 81 Name Meyers, Jared 82 Street Address (P.O. Box Number is Not Acceptable) Executive Offices 2794 North Poinciana Blvd. 84 City Kissimmee FL 85 Zip Code 34746		
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 <i>Jared Meyers</i> DATE 4-6-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE POT <input type="checkbox"/> DELETE NAME MEYERS, NEIL STREET ADDRESS 5001 LAKE CECIL DR CITY-ST-ZIP KISSIMMEE FL			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE VPO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Meyers, Dr. Neil 1.3 STREET ADDRESS Executive Offices 2794 North Poinciana Blvd. 1.4 CITY-ST-ZIP Kissimmee, Florida 34746 2.1 TITLE POT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Meyers, Jared 2.3 STREET ADDRESS Executive Offices 2794 North Poinciana Blvd. 2.4 CITY-ST-ZIP Kissimmee, Florida 34746 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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.

SIGNATURE: *Jared Meyers* SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99 (407) 997-5192
Date Daytime Phone

CR2E034 (1/98)