

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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90101 035 ***150.00

DOCUMENT # M82445

1. Corporation Name
ADVANCED SOUTHERN VACATIONS, INC.

Principal Place of Business

5237 VERSAILLES CT
P.O. BOX 151056
CAPE CORAL FL 33915

Mailing Address

5237 VERSAILLES CT
P.O. BOX 151056
CAPE CORAL FL 33915

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1988

4. FEI Number

65-0092259

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 5109 GLADE CT

Suite, Apt. #, etc.

22 P.O. BOX 1099

City & State

23 CAPE CORAL, FL

Zip

24 33910

Country

25 USA

2a. Mailing Address

26 5117 CASTELLO DR.

Suite, Apt. #, etc.

27 SUITE 1

City & State

28 NAPLES, FL

Zip

29 34103

Country

30 USA

9. Name and Address of Current Registered Agent

AMBURN, JAMES W
5117 CASTELLO DR
STE 1
NAPLES FL 3413

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 PS ☐ DELETE

NAME WINTER, WERNER F.
STREET ADDRESS D-27793 WILDESHAUSEN
CITY-ST-ZIP WEST GE

TITLE TD ☐ DELETE

NAME WINTER, WERNER F.
STREET ADDRESS 2878 WIDESHAUSEN
CITY-ST-ZIP WEST GERMANY

TITLE VP ☐ DELETE

NAME WINTER, KLAUS-PETER
STREET ADDRESS D-31867 MESSENKAMP
CITY-ST-ZIP WEST GE

TITLE S ☐ DELETE

NAME MEYER, NORBERT
STREET ADDRESS D-45145 ESSEN
CITY-ST-ZIP WEST GE

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Klaus-Peter Winter, 4-26-99
VP

Date

341-649-1152

Daytime Phone #

CR2E034 (11/98)

0449340