

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M91469 (0)

1. Corporation Name

HOLIDAY HAPPENINGS, INC.



Principal Place of Business

Mailing Address

% PAUL ORR  
22400 SEABASS DRIVE  
BOCA RATON FL 33428

% PAUL ORR  
22400 SEABASS DRIVE  
BOCA RATON FL 33428

3. Date Incorporated or Qualified  
07/25/1988

3a. Date of Last Report  
03/23/1995

2. Principal Place of Business

2a. Mailing Address

21 1850 N. Federal Hwy

25 Paul ORR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Boca Raton, FL

27 15105 Robert Way

City & State

City & State

23 33432

28 Loxahatchee, FL

Zip

Country

Zip

Country

24

25

29 33470

30

4. FEI Number

65-0061060

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 has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORR, PAUL  
22400 SEABASS DRIVE  
BOCA RATON FL 33428

81 Name

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

15105 Robert Way

83 Loxahatchee

84 City

FL

85 Zip Code

33470

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

*Paul Orr*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-96

12. OFFICERS AND DIRECTORS

|                 |                      |                                 |
|-----------------|----------------------|---------------------------------|
| TITLE           | PD                   | <input type="checkbox"/> DELETE |
| NAME            | ORR, PAUL            |                                 |
| STREET ADDRESS  | 22400 SEABASS DRIVE  |                                 |
| CITY - ST - ZIP | BOCA RATON FL        |                                 |
| TITLE           | VD                   | <input type="checkbox"/> DELETE |
| NAME            | ORR, VICKY           |                                 |
| STREET ADDRESS  | 22400 SEA BASS DRIVE |                                 |
| CITY - ST - ZIP | BOCA RATON FL        |                                 |
| TITLE           | TDS                  | <input type="checkbox"/> DELETE |
| NAME            | ORR, VICKY           |                                 |
| STREET ADDRESS  | 22400 SEABASS DRIVE  |                                 |
| CITY - ST - ZIP | BOCA RATON FL        |                                 |
| TITLE           | SD                   | <input type="checkbox"/> DELETE |
| NAME            | ORR, VICKY           |                                 |
| STREET ADDRESS  | 22400 SEABASS DR.    |                                 |
| CITY - ST - ZIP | BOCA RATON FL        |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |
| TITLE           |                      | <input type="checkbox"/> DELETE |
| NAME            |                      |                                 |
| STREET ADDRESS  |                      |                                 |
| CITY - ST - ZIP |                      |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-96

(401)

3629035

CR2E034 (12/95)