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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000134

FLORIDA HOLIDAYS INTERNATIONAL, INC. P92000013447 (7)

FILED May 06 1998 8:00am Secretary of State



								_		UKI \$440 KA	8 (1)18 f heir		
Principal Place	e of Business			Mailing Address									
1105 ANGELA RIDGE 1105 ANGELA RIDGE													
KISSIMMEE FL	L 34746			KISSIMMEE FL 34746					DO NOT WRIT	E IN TUIC (DACE		
									. Date Incorporated or Qualified	L IIV II II J	31 AOL		
									12/17/1992				
2. Principal Pl	ace of Business		26	. Mailing Address				4.	FEI Number			Applied	d For
21			26						59- <u>3166505</u>			Not Ap	plicable
Sulte, Apt. #, etc.				Suite, Apt #, etc.				5.	. Certificate of Status Desired			5 Addit Require	
City & State				City & State				6.	Election Campaign Financing	•-	\$5.0	00 May	- Be
23			28						Trust Fund Contribution			ed to Fe	
Zip	C	ountry		Zip		Country	,	8.	. This corporation owes or has p	aid the cur	rent year	Intangi	ble
4	25		29]	30				Personal Property Tax due Jun	e 30.] Yes	□ No)
	9. Name and A	Address of Current I	Regi	stered Agent				10.	Name and Address of New R	egistered .	Agent		
CAF	RTWRIGHT, MAF	RGARET				81	Name						
	5 ANGELA RIDO					-	Ct	J /1	DO Barris Maria da Maria	- Lav			
KISSIMMEE FL 34746						82	Street Add	ness (1	P.O. Box Number is Not Accepta	ible)			
7110		•				83	 						
						84	City			FL	85 Z	ip Code	3
44 5	. 41	(5)		007.45.00 Flavilla Dial			<u> </u>					e ito eo	alatara d
office or re	eaistered agent, o	r both, in the State of	Flor	rida. Such chan ce wa s	s autho	rizeo b	v the corpora	rporation's	on submits this statement for the board of directors. I hereby acceptant	purpose of	ointment	as tedi:	stered
agent. I ar	m familiar with, an	d accept the obligation	ons c	of, Section 607.0505, f	Florida	Statute	S		•			v	
SIGNATURE .													
	Signature, typed or printe	d name of roy stered agont i					ent signature requ			DATE			
12.	- 10	OFFICERS AND I	DIRE		_	13.			ADDITIONS/CHANGES TO OFF	CERS AND			Addition
TITLE	D Dillandri D	CTCD		☐ DELETE		1.1 TITLE					∐ Chang	,e	1 Addition
NAME	BLUNDELL, P					I.2 NAME							
STREET ADDRESS	11 MARKET I					I.3 STREE	I ADDRESS						
CITY-ST-ZIP		/arwickshire, ei	NG			1.4 CITY - :	ST-ZIP						
TITLE	ס			☐ DELETE		2.1 TITLE					☐ Chang	je 🗀] Addition
NAME	Lydiard, Jai				:	2.2 NAME							
STREET ADDRESS	11 MARKET I				:	3 STREE	r address						
CITY-ST-ZIP	Southam, W	/arwickshire, ei	NG			2. 4 CITY -	ST-ZIP						
TITLE	· ·-			☐ DELETE	:	3.1 TITLE					Chang	je 🗀	Addition
NAME						3.2 NAME							
STREET ADDRESS					- 1		r address		•				
					- 1	3.4. CITY-							
CITY-ST-ZIP TITLE				DELETE		1.1 TITLE	01-511				Chang	e L	Addition
NAME					- 1	I. 2 NAME						_	
-													
STREET ADDRESS							ADDRESS						
CITY-ST-ZIP				DELETE		L4 CITY-1	SI-ZIP				Chang	10	Addition
TITLE				□ Deceil		5.1 TITLE					LI CHANG	P	, AUGUIUII
NAME						5.2 NAME							
STREET ADDRESS					I *	5.3 STREE	FADDRESS						
CITY-ST-ZIP						5.4 CITY-	ST-ZIP		····		T 50		110000
TITLE				☐ DELETE		5.1 TITLE					L. Chang	le L	Addition
NAME						5.2 NAME							
STREET ADDRESS					•	3.3 STREE	F ADDRESS						
CITY-ST-ZIP						5.4 CITY-							
14. I hereby o									ion 119.07(3)(i), Florida Statutes				
officer or o	director of the con	poration of the receiv	er or	r trustee empowered t	o exect	ıte this	report as re:	are sna quired	all have the same legal effect as by Chapter 607, Florida Statutes	; and that r	uer oain; ny name	appear	in an 's in
Block 12 d	or Block 13 if char	iged, or on an attach	men'	it with an address.							_	••	
		0ν		14 6				' (11. 34 07	,,,-	. 20	, –	0.0