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

0509499

DOCUMENT # P92000013447

1. Corporation Name

FLORIDA HOLIDAYS INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
1105 ANGELA RIDGE KISSIMMEE FL 34746	1105 ANGELA RIDGE KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
12/17/1992

	2. Principal Place of Business		2a. Mailing Address	4. FEI Number	Applied For
21		26		**59-3166505**	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
24	Zip Country	25	29 Zip Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent

CARTWRIGHT, MARGARET
1105 ANGELA RIDGE
KISSIMMEE FL 34746

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

CR2E034 (11/98)

12.	OFFICERS AND DIRECTORS		**13.**	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	BLUNDELL, PETER		1.2 NAME		
STREET ADDRESS	11 MARKET HILL		1.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHAM, WARWICKSHIRE, ENG		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	LYDIARD, JAN		2.2 NAME		
STREET ADDRESS	11 MARKET HILL		2.3 STREET ADDRESS		
CITY-ST-ZIP	SOUTHAM, WARWICKSHIRE, ENG		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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   4/14/99   (407) 396-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #