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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000005562 (2)**

1. Corporation Name
HOLIDAY UNLIMITED, INC.

Principal Place of Business	Mailing Address
5304 SOUTHWEST EIGHTH COURT CAPE CORAL FL 33914	5304 SOUTHWEST EIGHTH COURT CAPE CORAL FL 33914

3. Date Incorporated or Qualified: 01/19/1993
3a. Date of Last Report: 03/23/1995

4. FEI Number: 65-0397826 (Applied For / Not Applicable)

5. Certificate of Status Desired [X] **$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 [X] No

2. Principal Place of Business	2a. Mailing Address
21 5004 SW 25th CT	26 5004 SW 25th CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Cape Coral, FL	28 Cape Coral, FL
24 Zip 33914 / 25 Country Lee	29 Zip 33914 / 30 Country Lee

9. Name and Address of Current Registered Agent

BUTLER, GARY F
1625 HENDRY STREET
SUITE 301
FORT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: Greg Speese
82 Street Address (P.O. Box Number is Not Acceptable): 5004 SW 25th CT
83
84 City: Cape Coral FL 85 Zip Code: 33914

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: X Greg Speese (Please type or print name of agent.) Greg Speese (TITLE) 3-25-96 (DATE)

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DEDERICHS, JOCHEN 5304 SW EIGHTH CT CAPE CORAL FL	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DEDERICHS, SUSANNE 5304 SW 8TH CT CAPE CORAL F	[X] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DP Greg Speese 5004 SW 25th CT Cape Coral FL 33914	[X] Change [ ] Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST Sigrid Speese 5004 SW 25th CT Cape Coral FL 33914	[X] Change [ ] Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		[ ] Change [ ] Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		[ ] Change [ ] Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		[ ] Change [ ] Addition

CR2E034 (12/95)

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)(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.

SIGNATURE: X Greg Speese Greg Speese 3-25-96 941-945-6754
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone)