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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000010733 (2)

MAP INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

6165 CARRIER DRIVE ORLANDO FL 32819

SIGNATURE:

6165 CARRIER DRIVE ORLANDO FL 32819-82 FILED Jan 28 1997 8:00am Secretary of State



ORLANDO FL 3	2819	ORLANDO FL 32819-8254			
				3. Date Incorporated or Qualified 02/04/1993	3s. Date of Last Report 03/28/1996
	iace of Business INTERNAT; OUAL DRIVE	2a. Mailing Address	A. A4:40	4. FEI Number	Applied For
		26 7400 INTERNA	1,00AL UPLUE	59-3299203	Not Applicable
Suite, Apt. 22 C/o R/	ANADA RESORT	11	LESORT	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	AN DO	City & State  28 ORLANDO		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>  Zip</sup> 328	RIP COUNTRAPACE	Zip 29 32819 30	Country	This corporation has liability for in Florida Statutes	intangible tax under s. 199.032,
	9. Name and Address of Current		<u></u>	10. Name and Address of New Re	
HUEMER, ERICH  100 INTERNATIONAL DR. 100 INT					
	ANDO FL 32819		82 Street Addre	<u>INTERNATION</u>	UAL DRIVE
			84 City O.O.	RAMADA RESON	· · · · · · · · · · · · · · · · · · ·
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	- OK	CANDO	FL 85 Zip Code 32819
office or re agent. Lar	m tamiliar with, and accept the obligati	Florida. Such change was it it ons of, Section 607.05.5. Florid	horized by the corporation of th	oration submits this statement for the poon's board of directors. I hereby accept	of the appointment as registered
SIGNATIONE.	ERICH HUENGK  Stgratur typed or port or name of registered agent.	and tile Lapponable. (NOTE R	egistered Agent signature require	d when reinstating)	DATE DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12
TRUE	D	DELETE	1 1 TITLE		Change Addition
NAME	HUEMER, ERICH	INTERNATIONAL	1.2 NAME		
STREET ADDRESS	8165 CARRIER DRIVE 1400	DRIVE	1.3 STREET ADDRESS		
CITY-\$1-7/P	ORLANDO FL		1.4 CITY-ST-ZIP		
TITEF		☐ DELETE	2.1 TITLE		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		j
TITLE		DELETE	2. 4 CiTY - ST - ZIP		
NAME		L. J DECETE	31 TITLE		Change Addition
STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-SI-ZIP			3.4. CITY - ST - ZIP		
T-TLE	······	DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
THILE		☐ 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		
<b>14.</b> I do hereb	y certify that the information supplied	with this filing does not qualify for	or the exemption stated	in Section 119.07(3)(i), Florida Statutes	s. I further certify that the