

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000010733 (2)

1. Corporation Name

MAP INTERNATIONAL, INC.

Principal Place of Business

7400 INTERNATIONAL DRIVE
C/O RAMADA RESORT
ORLANDO FL 32819
US

Mailing Address

7400 INTERNATIONAL DRIVE
C/O RAMADA RESORT
ORLANDO FL 32819
US

2. Principal Place of Business

21 3200 W. COLONIAL DR.
Suite, Apt. #, etc.

2a. Mailing Address

26 3200 W. COLONIAL DR.
Suite, Apt. #, etc.

22 City & State

23 ORLANDO, FL

27 City & State

28 ORLANDO, FL

Zip

24 32808

Country

25 US

29 Zip

30 32808

Country

30 US

9. Name and Address of Current Registered Agent

HUEMER, ERICH
7400 INTERNATIONAL DR.
C/O RAMADA RESORT
ORLANDO FL 32819

81 Name HUEMER, ERICH

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

3200 W. COLONIAL DR.

83

84 City ORLANDO

85 Zip Code 32808

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

Erich Humer 8/14/98 (ADDRESS CHANGE)

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	ADDRESS CHANGE TO: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUEMER, ERICH		1.2 NAME	
STREET ADDRESS	7400 INTERNATIONAL DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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(8)(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:

STANDARD FEE REQUIRED

Erich Humer (407)351-7848

CR2E034 (5/98)