FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:17

DOCUMENT # P93000014961 (5)

1. Corporation Name
U.S.A. TOURIST SERVICES CENTER #11, INC.

Principal Place of Business	Mailing Address
3501 W. VINE ST. SUITE 261 KISSIMMEE FL 34741	3501 W. VINE ST. SUITE 261 KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report: 08/09/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3167325 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $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 ☐ No

9. Name and Address of Current Registered Agent

CHASE, BEVERLY B
4425 PLEASANT HILL RD
STE. 39
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name: ANTHONY ALFRED ARRIGONI
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7116 GREY SHADOW ST.
84 City: ORLANDO FL 85 Zip Code: 32818

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: Tony Arrigoni 2/27/95
(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	DPVS	1.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, H D	1.2 NAME	
STREET ADDRESS	4425 PLEASANT HILL RD., #39	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, BEVERLY B	2.2 NAME	
STREET ADDRESS	4425 PLEASANT HILL RD., #39	2.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	
TITLE	PRESIDENT	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTHONY ALFRED ARRIGONI	3.2 NAME	
STREET ADDRESS	7116 GREY SHADOW ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32818	3.4 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVID MICHAEL HUMENANSKI	4.2 NAME	
STREET ADDRESS	5307 ST. STEPHEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNDSVIEW, MN 55112	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 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 any attachment with an address.

SIGNATURE: Tony Arrigoni 2/27/95 407-870-1713
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0074010 CP