

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


FILED
Feb 16, 1999 8:00am
Secretary of State

02-16-1999 90019 049 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P93000051629

1. Corporation Name
ORLANDO HOLIDAY VILLAS, INC.

Principal Place of Business: 5225 U.S. HWY. 27 NORTH DAVENPORT FL 33837
 Mailing Address: 5225 U.S. HWY. 27 NORTH DAVENPORT FL 33837

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/20/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3198793	
22. City & State		27. City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		28. Country		6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		29. Country		8. This corporation owes the current year Intangible Personal Property Tax.	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GUPTA, SURESH K 5401 KIRKMAN ROAD SUITE 525 ORLANDO FL 32819				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUPTA, SURESH K	1.2 NAME	
STREET ADDRESS	5401 KIRKMAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	1.4 CITY-ST-ZIP	
TITLE	TVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DESHPANDE, ANIL	2.2 NAME	
STREET ADDRESS	5401 KIRKMAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGGARWAL, BRAHAM	3.2 NAME	
STREET ADDRESS	5401 KIRKMAN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819	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(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]* President. Date: 1/18/99 Daytime Phone #: 941 424 2100

CR2E034 (1/98)