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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P93000055778 (3)

ANS VACATIONS, INC.

Principal Place of Business

RAN2 HIDDENDALE AVE.

Mailing Address



6402 HIDDENDALE AVE. ORLANDO FL 32819			6402 HIDDENDALE AVE. ORLANDO FL 32819			Date Incorporated or Qualified	3a. Date of	Last Report
						3. Date incorporated or Qualified 08/09/1993		01/1995
District Disease	of D vicens	l an Mailter	ng Address			4. FEI Number		Applied For
Principal Place	OF BUSINESS	26	ig Add 655			59-3212817		Not Applicable
Suite. Apt. #, e	etc.		, Apt. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
]		27						
City & State		28 City 8	& State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	Country	Zip		Country		8. This corporation has lability for		nder s. 199.032
]	25	29		30			s No	
	Name and Address of Curre	ent Registered	Agent			10. Name and Address of New I	Registered Ag	9nt
				81	Name			
LABRET.	STEVEN MICHAEL			82	Street Ac	ldress (P.O. Box Number is Not Accepta	ble)	
	AGNOLIA AVE.			<u> </u>				
SUITE A				63				
ORLAND			84	City			85 Zip Code	
					,	poration submits this statement for the pu		
	pat is the technicities at expense day	ND DIRECTORS		25 € 5. g5l/3 1 Age	disgnature to t	ADDITIONS/CHANGES TO OF	DATE FICERS AND D	RECTORS IN 12
2.		IND DIRECTORS	DELETE	1 1 TITLE		PIKECIOR		Change Addition
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AME	MCGUIRE, STEPHEN E. 6402 HIDDENDALE AVE				I ADDRESS	6402 HIDDENSALE AL	KS	•
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14. I do hereby ce tify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, Furnier certify that the information indicated on this arrival 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 Fustee 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

SQUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da_ztine Phon∈ #