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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000073277 (4)

OSCEOLA CYCLE & SKI, INC.

FILED Mar 31 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2832 N.O.B.T. HWY 441 1070 E CARROLL KISSIMMEE FL 34741 KISSIMMEE FL 34					
US				DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	3 SPACE
A 0	- (D)	LA Halland		10/21/1993	
2. Principal P	lace of Business	2a. Mailing Address 26 2632 N.C	O.B.T. HWY F	4, FEI Number 4/ 59-3206665	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7 122 1 1 1 1 1 1 1 1		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State 28 K/S5/MM	IEE FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the corporation of the corporat	
24	25		30 OSCEOLA	Personal Property Tax due June 30.	☐ Yes ☐ No
	g, Name and Address of Current	t Registered Agent	04 N	10. Name and Address of New Registere	d Agent
DAVIS, CARL L				DAVIS, CARL L	
1070 E. CARROLL STREET KISSIMMEE FL 34744			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	WY 441
			84 City (SSIMMEE F	L 85 34741
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, or large large agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	in ranimal with, and accept the civiga	itions of, occitor correct, rion	ion plaidies.		
	Signature, typed or printed name of registered agor		Registered Agent signature requir		
12.	OFFICERS AND	DELETE DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12 Change
TITLE NAME	DAVIS, CARL L	L' DECEIE	1.1 TITLE 1.2 NAME		C change C wontron
STREET ADDRESS	1440 SARA L STREET		13 STREET ADDRESS		[8
CITY+ST-ZIP	KISSIMMEE FL 34744		1.4 CITY-ST-ZIP		إ
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	MCLELLAN, JAMES C JR		2.2 NAME		
STREET ADDRESS	5336 ANSONIA COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32829		2.4 CITY-ST-ZIP		
TITLE	8	DELETE	3.1 TITLE		Change Addition
NAME	DAVIS, ANNA M		3.2 NAME		
STREET ADDRESS	1440 SARA L STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34744		3.4. CITY - ST - ZIP		
TATLE	i Rayburn, Marion	☐ DELETE	4.1 TITLE		Change Addition
NAME	5336 ANSONIA COURT		4. 2 NAME		
STREET ADDRESS	ORLANDO FL 32829		4.3 STREET ADDRESS		
CITY-ST-ZIP	ONDANDO FL 32029	DELETE	4.4 CiTY - ST - ZiP		Change Addition
TITLE		☐ OETFIC	5.1 TITLE		Change Chyangan
NAME etoret 4000ccc			5.2 NAME		
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		
TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
NAME			6.2 NAME		and an analysis of
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
	ertify that the information supplied wit	th this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further	certify that the information

4. 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 is frue 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. 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 all attachment with an address.

.....

2-24-98