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May 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000034853 (9)**

1. Corporation Name  
**VENTURA HOLIDAY & VACATION CENTER, INC.**

Principal Place of Business

**1948 OSCEOLA PKWY  
KISSIMMEE FL 34743  
US**

Mailing Address

**1948 OSCEOLA PKWY  
KISSIMMEE FL 34743**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/05/1994**

4. FEI Number

**65-0505142**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**MOSS, LORRIANE S  
1535 BROOKHOLLOW DRIVE  
ORLANDO FL 32824**

10. Name and Address of New Registered Agent

81 Name **MOSS, LORRAINE S.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**3016 STILLWATER DR.**  
83 **KISSIMMEE,**  
84 City **KISSIMMEE,** FL 85 Zip Code **34743**

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

*Lorraine Moss*

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

(Not Required) Registered Agent signature required when reinstating

**4/28/98**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **DPT MOSS, LORRAINE**  
STREET ADDRESS **235 BURNING TREE DR**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE ☐ DELETE  
NAME **DV PORST, ELAINE S**  
STREET ADDRESS **3500 NW 98TH AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE  
NAME **S PORST, CHARLES F**  
STREET ADDRESS **3500 NW 98TH AVE**  
CITY-ST-ZIP **HOLLYWOOD FL 33024**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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

SIGNATURE:

*Lorraine Moss*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/28/98** Daytime Phone # **407-344-0030**

CR2E034 (10/97)