## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P94000051938 (6)

## DOCUMENT # 1. Corporation Name SUNSHINE STATE VISITORS INFORMATION CENTER INC.



Principal Place of Business Mailing Address  FORD LANGUIDET DRIVE STE 200									
5850 LAKEHURST DRIVE STE. 26055 ORLANDO FL 32819			5850 LAKEHURST DRIVE STE. 268						
UNLANDO FE 320	270-3	·	ALDINOU PE VEVIO	2	<del>20</del> -3	Date Incorporated or Qualified	<b>3a.</b> Da	te of Last F	Report
					07/11/1994	,			
2. Principal Place of	f Business	2a. N	Mailing Address			4. FEI Number	1		Applied For
21		26				59-3280061			Not Applicable
Suite, Apt. #, etc.	270-3	27 S	Suite, Apt. #, etc.	o ~ [	3	5. Certificate of Status Desired			5 Additional Required
City & State		C	⊃ty & State			6. Election Campaign Financing			0 May Be
23	***	28				Trust Fund Contribution			d to Fees
Zíp	Country	n	'ip	Coun	try	8. This corporation has liability for in Florida Statutes	intangible No	tax under s	199.032,
24	Name and Address of Curren	29 t Registe	red Agent	[30]		10. Name and Address of New R		d Agent	
<del>9.</del>	Hanne Bild Address of Correct	it riegioto			31 Name		_ =	<del></del>	
CHATER, R	IOI AND				32 Street Add	ress (P.O. Box Number is Not Acceptab	ole)		
	STWOOD #1634			'	Street MOOR	road ( .O. Don Horrido) is Horridoopted			
ORLANDO				1	33				
OND WIDO	1 5 05010			<u> </u>	34 City			85 2	ip Code
					1	eration submits this statement for the pu	F	L	•
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certify that the information indicated on this annual report or sup oath; that I am an officer or director of the corporation or the appears in Block 12 or Block 12 febanoed, or on a machine depental annual report is true and accurate and that my signature shall have the same legal effect as if made under over or trustee epocowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND THE OR PHATE ON MANE OF SIGNING OFFICER OR DIRECTOR