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May 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P94000051938 (6)

1. Corporation Name  
SUNSHINE STATE VISITORS INFORMATION CENTER INC.



Principal Place of Business: 5850 LAKEHURST DRIVE STE. 280-3 270-3 ORLANDO FL 32819 US  
Mailing Address: 5850 LAKEHURST DRIVE STE. 280-3 270-3 ORLANDO FL 32819 US

3. Date Incorporated or Qualified: 07/11/1994  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 Sandlake Rd., Suite, Apt. #, etc. 22 6942 City & State: 23 Orlando FL Zip: 24 32819 Country: 25 U.S.A.  
2a. Mailing Address: 26 Sandlake Rd., Suite, Apt. #, etc. 27 6942 City & State: 28 Orlando FL Zip: 29 32819 Country: 30 U.S.A.

4. FEI Number: 59-3280061 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: CHATER, ROLAND 11500 WESTWOOD #1834 ORLANDO FL 32819

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code

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. Each 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE:

Table with 12 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: P CHATER, ROLAND, 11500 WESTWOOD #1834, ORLANDO FL. Row 2: 7843 Sugarview Ct., Orlando, FL 32819.

Table with 12 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP.

14. I do 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 from an attachment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)