

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

**FILED**  
**Mar 30 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 # P94000051938 (6)**  
 1. Corporation Name  
**SUNSHINE STATE VISITORS INFORMATION CENTER INC.**



Principal Place of Business <b>6942 SANDLAKE ROAD                  ORLANDO FL 32819                  US</b>	Mailing Address <b>6942 SANDLAKE ROAD                  ORLANDO FL 32819                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/11/1994**

2. Principal Place of Business 21 <b>6798 TAMARIND CIRCLE</b> Suite, Apt. #, etc. 22 City & State 23 <b>ORLANDO FL</b> Zip Country 24 <b>32819</b> 25 <b>USA</b>	2a. Mailing Address 26 <b>6798 TAMARIND CIRCLE</b> Suite, Apt. #, etc. 27 City & State 28 <b>ORLANDO FL</b> Zip Country 29 <b>32819</b> 30 <b>USA</b>
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4. FEI Number <b>59-3280061</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHATER, ROLAND  
 11500 WESTWOOD #1634  
 ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name <b>ROLAND CHATER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6798 TAMARIND CIRCLE</b>
83
84 City <b>ORLANDO</b>
85 Zip Code <b>FL 32819</b>

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 \_\_\_\_\_ DATE **3/16/98**

Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CHATER, ROLAND</b>
STREET ADDRESS	<b>7843 SUGARVIEW COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROLAND CHATER</b>
1.3 STREET ADDRESS	<b>6798 TAMARIND CIRCLE</b>
1.4 CITY-ST-ZIP	<b>ORLANDO FL 32819</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

CR2E034 (10/97)