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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

P94000051938 (6)

SUNSHINE STATE VISITORS INFORMATION CENTER INC.

**FILED** Mar 30 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									a continue ata sorte diate don	a malar marka mikan	ML(A) INDIA INIAA II	1101 (01) (01)
6942 SANDLAKE ROAD 6942 SANDLAKE ROAD												
ORLANDO FL 32819 US				ORLANDO FL 32819 US					DO NOT	WRITE IN THI	S SPACE	
03		•	03				3. Date Incorporated or Qualified					
								ĺ	07/11/1994			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Ap	plied For
	18 TAMARINDCIRCLE			26 6798 TAMARWO			cuec	لغ	59-3280061			ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired			
City & State				City & State						·		
	LANDO FL			28 ORLANCO			FC		<ol><li>Election Campaign Finan Trust Fund Contribution</li></ol>	cing 🔲	\$5.00 Added t	
Zip		ountry		Zip		Country			8. This corporation owes or	has paid the c		
24 372.8		USA	29	32819	30		SA		Personal Property Tax du			No
	<del></del>	Address of Current	Regisi	ered Agent		61	Name		10. Name and Address of N	ew Registere	d Agent	
	HATER, ROLAND							Re	olano cha			
11500 WESTWOOD #1634							Street A		s (P.O. Box Number is Not Ac		210015	_
ORLANDO FL 32819						83			TAMA!	CIND C	CIRCLE	
						L	<u> </u>					
						84	City	04	2 L AND	F	85 Zíp C	Code OR 19
11. Pursuant	to the provisions o	f Sections 607.0502	and 60	07.1508, Florida <b>S</b>	tatutes, 1	he abov	e-named c	orpor	ation submits this statement for	or the purpose	of changing its	s registered
office or r	egistered agent, o m familiar with, an	r both, in the State of according to	f Floric ions of	ta. Such change v . Section 607.0509	was autho 5. Florida	orized b Statute	y the corpo	oration	n's board of directors. I hereby	accept the ap	opointment as	registered
SIGNATURE				,						-3/L	16/98	
	Signature typed or printe	ed name of registered agent		· · · · · · · · · · · · · · · · · · ·	(NOTE: Re(		ent signature re	parupe	when reinstating)	DATE		
12.		OFFICERS AND	DIREC			13.	<del></del>		ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	P OUNTED DE	N 446		DELETE		1.1 TITLE		+	_		OF AO	Addition
NAME	CHATER, RO					1.2 NAME		R	ougho chater	,	Or De	nke27
STREET ADDRESS	ORLANDO F	RVIEW COURT					T ADDRESS	6:	TAMARINO PP	CIRCLE		
CITY-ST-ZIP TITLE	UNLANUU F	<u> </u>		DELETE	:	1.4 CITY - :	ST-ZIP	0	RUANDO FL	3249	Change	Addition
NAME				- Deceit		2.7 MAME	-				C. Ontoligo	
STREET ADDRESS							I ADDRESS					
CITY-ST-ZIP					1	2 4 CITY-	1					
TITLE				DELETE	: -	3.1 TITLE	31-1"				Change	Addition
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CITY-ST-ZIP						3.4. CITY -	ST-ZIP					ŀ
TITLE				☐ DELET <b>E</b>		4.1 TITL€					Change	Addition
NAME						4. 2 NAME						
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CITY-ST-ZIP						4.4 CITY-3	ST-ZIP				<del></del>	
TITLE				☐ DELET€		5.1 TITLE					☐ Change	☐ Addition
NAME						5.2 NAME	-					ļ
STREET ADDRESS						5.3 STREE	T ADDRESS					
CITY-ST-ZIP			<u>-</u>	DELETE		5.4 CITY-1	ST-ZIP				Change	Addition
TITLE				☐ DELET <b>é</b>		6.1 TITLE					T O MURA	L. Addition
NAME OTREET AGREES						6.2 NAME	T 4 DEDECC		÷			
STREET ADDRESS					•		I ADDRESS					
CITY-ST-ZIP	ertify that the infor	mation supplied with	n this fi	ling does not qua	lify for th	6.4 CITY-:	tion stated	in Se	ection 119.07(3)(i), Florida Sta	utes. I further	certify that the	information
indicated officer or	on this annual rep director of the corp	ort or supplemental poration or the receinged, or on an atlan	annuai وعورer	report is true and the tee empoyere with an uddress	accurat o exec	e and the cute this	at my signa report as r	ature equire	shall have the same legal effe ed by Chapter 607, Florida Sta	et as if made unatures; and that	inder oath; tha t my name app	it I am an Dears in