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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000053525 (9)**

1. Corporation Name
INTERCONTINENTAL HOLIDAY, INC.

Principal Place of Business
182 MAITLAND AVENUE
SUITE B
ALTAMONTE SPRINGS FL 32701
US

Mailing Address
182 MAITLAND AVENUE
SUITE B
ALTAMONTE SPRINGS FL 32701-4902
US

3. Date Incorporated or Qualified: **07/18/1994**
3a. Date of Last Report: **02/21/1996**

2. Principal Place of Business
21 8522 BLACK MESA DR
Suite, Apt. #, etc.
22
City & State
23 ORLANDO FL
Zip 24 32829 Country 25 USA

2a. Mailing Address
26 8522 BLACK MESA DR.
Suite, Apt. #, etc.
27
City & State
28 ORLANDO FL
Zip 29 32829 Country 30 USA

4. FEI Number: **59-3269443** ☐ 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
KALINOSKI, ALAN D
200 E. ROBINSON STREET
SUITE 1020
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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. 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
Signature typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	STAMMEL, MARK B	
STREET ADDRESS	182 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	☐ DELETE
NAME	CARSTENS, SYLVIA	
STREET ADDRESS	182 MAITLAND AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

1.1 TITLE	D	☒ Change ☐ Addition
1.2 NAME	STAMMEL, MARK B	
1.3 STREET ADDRESS	8522 BLACK MESA DRIVE	
1.4 CITY-ST-ZIP	ORLANDO, FL 32829	
2.1 TITLE	D	☒ Change ☐ Addition
2.2 NAME	STAMMEL SYLVIA	
2.3 STREET ADDRESS	8522 BLACK MESA DRIVE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32829	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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, or on an attachment with an address.

SIGNATURE: SYLVIA STAMMEL 4/21/97 407-658-0234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #