

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000059174 (0)

1. Corporation Name

SPLENDID FLORIDA VACATIONS, INC.



Principal Place of Business

8052 WHITE CRANE COURT
KISSIMMEE FL 34747

Mailing Address

8052 WHITE CRANE COURT
KISSIMMEE FL 34747

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 P.O. Box 263

27 City & State

28 SOUTH HOLLAND, ILL

29 Zip Country

30 60473 COOK

3. Date Incorporated or Qualified
08/08/1994

3a. Date of Last Report
05/01/1995

4. FET Number
59-3257522

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

TOBORG, ROBERT H
8052 WHITE CRANE COURT
KISSIMMEE FL 34747

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

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
TOBORG, ROBERT
17720 MAPLE
COUNTRY CLUB HILLS IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
V
ROBERT PATTERSON, JR.
16615 UNION AVE.
HARVEY, IL 60426

7. TITLE
8. NAME
9. STREET ADDRESS
10. CITY-ST-ZIP
T
BARBARA PATTERSON
16615 UNION AVE.
HARVEY, IL 60426

3. TITLE
4. NAME
5. STREET ADDRESS
6. CITY-ST-ZIP
S
NANCE TOBORG
17720 MAPLE
COUNTRY CLUB HILLS, IL 60478

4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY-ST-ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY-ST-ZIP

6. TITLE
7. NAME
8. STREET ADDRESS
9. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/96

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