

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 # P94000069946 (9)

1. Corporation Name

PARADISE VACATION SERVICES, INC.



Principal Place of Business

3000 HART AVENUE
KISSIMMEE FL 34746

Mailing Address

P O BOX 22193
LAKE BUENA VISTA FL 32830
US

3. Date Incorporated or Quaired

09/21/1994

3a. Date of Last Report

06/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FCI Number

59-3268073

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

10. Name and Address of New Registered Agent

WARD, CRAIG B
105 E ROBINSON STREET
SUITE 501
ORLANDO FL 32801

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 of person authorized to register agent, if not applicable

Signature of Registered Agent, if not applicable

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	☐ DELETE
NAME	DICE, CLAYNE W	
STREET ADDRESS	3000 HART AVENUE	
CITY-STATE-ZIP	KISSIMMEE FL 34746	
TITLE	D	☐ DELETE
NAME	PLAUTZ, JAMES M	
STREET ADDRESS	4165 N MEADOW CIRCLE	
CITY-STATE-ZIP	TAMPA FL 33624	
TITLE	D	☐ DELETE
NAME	ROSE, DONALD L	
STREET ADDRESS	3000 HART AVENUE	
CITY-STATE-ZIP	KISSIMMEE FL 34746	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clayne W. Dice, Director

2/13/96

(407) 397-9393

Date

Daytime Phone #

CR2E034 (12/95)