

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000086114 (3)

1. Corporation Name

UNITED STATES TOURISM PROMOTION AND MARKETING CO
RPORATION

Principal Place of Business

BOX 22447
LAKE BUENA VISTA FL 32830

Mailing Address

% DR. NELSON YING
9099 SR 535
ORLANDO FL 32836



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/22/1994

3a. Date of Last Report

10/06/1995

4. FET Number

59-3284953

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

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 of Principal Officer or Registered Agent (if applicable)

Signature of Registered Agent (if not principal officer)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

D
YING, JAMES
BOX 22447 NA
LAKE BUENA VISTA FL 32830

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

PDS
YING, NELSON
BOX 22447 NA
LAKE BUENA VISTA FL 32830

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VASD
YING, NELSON JR.
BOX 22447 NA
LAKE BUENA VISTA FL 32830

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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 19.07(3)(g), 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

3/4/96

Digitized by eScribe

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