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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400086114 (3)

UNITED STATES TOURISM PROMOTION AND MARKETING CO

FILED

May 14 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address BOX 22447 % DR. NELSON YING LAKE BUENA VISTA FL 32830 9099 SR 535 DO NOT WRITE IN THIS SPACE ORLANDO FL 32836 3. Date Incorporated or Qualified 11/22/1994 2a. Mailing Address 2. Principal Place of Business 4, FEI Number Applied For 21 59-3284953 Not Applicable \$8.75 Additional Suite, Apt. #, etc Suite, Apt #, etc. 5. Certificate of Status Desired 22 Fee Required City & State City & State Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 This corporation owes or has paid the current year Intandible Personal Property Tax due June 30. Zip Country $Z_{i}p$ Country 24 Personal Property Tax due June 30. ☐ Yes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 YING, NELSON 9101 S.R. 535, STE 300 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32836 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered a jiest and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE Đ 1 1 1111 6 Change noitibhA NAME YING, JAMES 1.2 NAME 9101 S.R. 535, STE 300 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELFTE PDS Change Addition TITI F 2.17(1) 6 YING, NELSON NAME 2.2 NAME 9101 S.R. 535, STE 300 2.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** CITY-ST-ZIP 2 4 City-St-ZiP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME **YING. NELSON JR.** 3.2 NAME 9101 S.R. 535, STE 300 STREET ADDRESS 3.3 STREET ADDRESS **ORLANDO FL** 3.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 suppliemental 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 artifacture if with an address.