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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000091815**1. Corporation Name

U.S. HOLIDAYS OF CENTRAL FLORIDA, INC.

i iliioipai i iacc	of Business	Mailing Address				i			
613 BAYWOOD	COURT	613 BAYWOOD C	OURT						
LAKE MARY FL 32746		613 BAYWOOD COURT			DO NOT WRITE IN THIS CRACE				
US		LAKE MARY FL 32746				DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qu	ıalifed		
						12/20/1994			
2 Delinated Di	ace of Business	2a. Mailing Addr				4. FEI Number		App	plied For
Z. Principal Pia	ace of Business	— <u> </u>	4 00			59-3288319		No	t Applicable
21		26				39-3200319	- -	\$8.75 A	
Suite, Apt. #	#, etc.	Suite, Apt. #,	, etc.			5. Certifcate of Status Des	ired 🗀	Fee Re	
22		27							
City & State	9	City & State				6. Election Campaign Fina	ncing	\$5.00	
23		28				Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		Country		8. This corporation owes t	ne current year h	ntangible	
 1		<u>├</u> ─┐	30			Personal Property Tax.	•		□No
24	25	29	30			10. Name and Address of	New Registere	d Agent	
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. 148.110 4.14 7.44.1000 0.			-
		·		' '	Name				
_	OS, LEO J			82	Street Addr	ress (P.O. Box Number is Not	Acceptable)		
613 l	BAYWOOD CTR			"	0	33.6			
200 5	SOUTH ORANGE AVENUE			83		7.7			
	MARY FL 32746					1	1 2 1 1 1 1 1 1 1 1 1	<u> </u>	
LAINE	MAITI IE OZI TO			84	City			85 Zip (Code
								<u> </u>	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Flori	ida Statutes, th	e above-r	named corp	poration submits this statement	for the purpose of	or changing its cintment as rei	nistered 1
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such chan estions of Section 607	ige was autnori 0505. Florida S	izeo by in Statutes.	ie corporati	on s board of directors, thereb	y accept the app	Omanom oo;	
agent. i ai	m lamiliar with, and accept the cong	audits di, occilon der.	.0000, . 101122						
SIGNATURE			(NOTE: Pegiet	tered Agent e	ionature require	d when reinstating)	DATE		
	Signature, typed or printed name of registered ag	ent and tipe if applicable.	(NOTE: Regist	to ou nyour a	iigi ia toro rodon o	a minimum remoderation and			
	05510500 4			12		ADDITIONS/CHANGES	TO OFFICERS A	AND DIRECTO	RS IN 12
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS		
12.	Р	ND DIRECTORS	DELETE 1	1,1 TITLE		ADDITIONS/CHANGES	TO OFFICERS	Change	RS IN 12
		ND DIRECTORS	DELETE 1				TO OFFICERS		
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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 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, 90 on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90044 044 ***150.00