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

PROFIT CORPORATION ANNUAL REPORT

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23 Zψ

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12.

THE

NAME

TITLE

NAME .

NAME

THE

NAME

TITLE

NAME

NAME STREET ADDRESS

STREEL ADDRESS

STREET ADDRESS CHY-ST ZIF

STREET ACORESS

STREET ADDRESS

STREET ADDRESS CITY-ST-2IF

CITY-ST-Z

€(1y - S1 - 2)8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Country

83 64 City

13.

1.1 TITLE

1 2 NAME

2.1 TITLE

22 NAME 2.3 STREET ADDRESS

3 1 T(7) F

3.2 NAME

4.1 TITLE

4. 2 NAME

5 1 TITLE

5.2 NAME

61 Tale 6.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS 34. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

DELETE

DELETE

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Name

30

1997

DOCUMENT # P95000009527 (9)

Country

9. Name and Address of Current Registered Agent

Signal on typical or printed name of registered agent and the if applicable

OFFICERS AND DIRECTORS

25

GUDRUN MARIA NICKEL, P.A. 350 FIFTH AVE \$ #200

NAPLES FL 33940

DPTS

RIETMANN, PETER

2305 SE 19TH PL

CAPE CORAL FL 33904

PEDO HOLIDAY CORPORATION

Prine	cipal Place of Business	Mailing Address
	SE 19TH PL CORAL FL 33904	2305 SE 19TH PL CAPE CORAL FL 33990-3102

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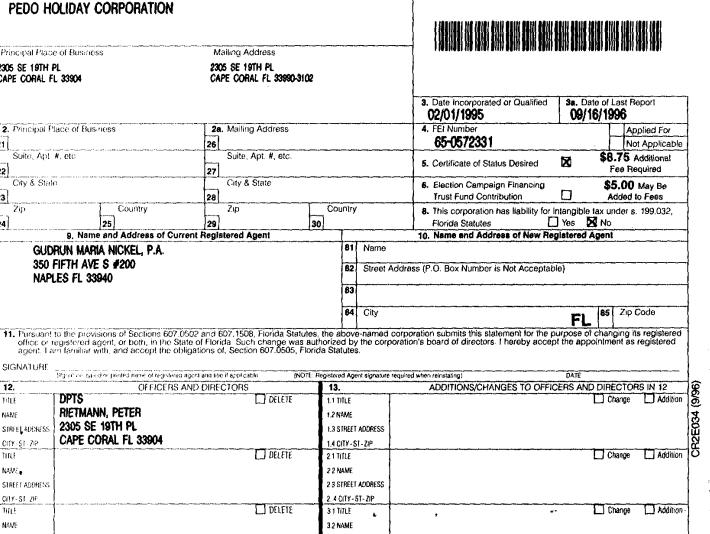
2a. Mailing Address

City & State

2เก

Suite, Apt. #, etc.

FILED Apr 16 1997 8:00am Secretary of State



14. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information inclicated 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.

Addition

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