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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000013130 (6)**

1. Corporation Name

ORLANDO VISITORS INFORMATION CENTER INC.

Principal Place of Business	Mailing Address
4834 WEST HIGHWAY 192 KISSIMMEE FL 34746	4834 WEST HIGHWAY 192 KISSIMMEE FL 34746

3. Date Incorporated or Qualified: 02/15/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 7802 W Hwy 192	26 4832 W IRLO BRONSON
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 MEMORIAL HWY
City & State 23 KISSIMMEE FL	City & State 28 KISSIMMEE FL
Zip 24 34746 Country 25 OSCEOLA	Zip 29 34746 Country 30 OSCEOLA

4. FEI Number: 59-3300020 ☐ 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

TOLAN, BRIAN F
4834 WEST HIGHWAY 192
KISSIMMEE FL 34746

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4832 W IRLO BRONSON MEM HWY

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 _____ DATE _____
Signature, typed or printed name of Registered Agent and the date of signing (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT TOLAN, MARTIN J. 8834 OLD WINTER GARDEN RD. ORLANDO, FL 32835	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT STEELE, CHARLES 316 N. BERMUDA AVE, STE 10 KISSIMMEE, FL 34741	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SEC/TREA TOLAN, BRIAN F. 17236 APSHAWA RD. CLERMONT, FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	400001830174 -05/20/96--01065--038 ***200.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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)(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, added or deleted with an address.

SIGNATURE: BRIAN F TOLAN 4/26/96 (407) 396-1844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #