

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP -6 PM 4: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4000001951394
-09/19/96--01026--006
*****225.00 *****225.00

DOCUMENT # P95000029048

1. Corporation Name

Orlando Destinations

Principal Place of Business

Mailing Address

5260 W. Ilo Brounson Highway #104
Kissimmee, FLA 34746

2. Principal Place of Business

2a. Mailing Address

21 5260 W. 192

26

State, Apt. #, etc.

State, Apt. #, etc.

22 #104

27

City & State

City & State

23 Kissimmee FLA

28

Zip Country

Zip Country

24 34746 25 USA

29

9. Name and Address of Current Registered Agent

3. Date of Incorporation or Qualified

3a. Date of Last Report

395

4. FEI Number

593311498

Approved by

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Has this Corporation Paid a

\$5.00 May be
Added to Fees

8. This corporation has liability for intangible taxes under
Florida Statutes

10. Name and Address of New Registered Agent

Joseph P. Joyce
2334 Oldfield Dr.
Orlando, FL

32837

11. Pursuant to the provisions of Section 607.01(2)(b) and 607.01(2)(c), Florida Statutes, the undersigned corporation hereby certifies that the undersigned is the duly authorized agent of the corporation for the purpose of filing this report and for the purpose of obtaining a certificate of status for the corporation. The undersigned is a resident of the State of Florida and is a resident of the State of Florida.

SIGNATURE

Dawn Joyce

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
PRESIDENT	P. Joseph Joyce	2334 Oldfield Dr.	Orlando FLA 32837
VICE PRESIDENT	Dawn Joyce	2334 Oldfield Dr.	Orlando FLA 32837
TITLE <th>NAME</th> <th>STREET ADDRESS</th> <th>CITY, ST, ZIP</th>	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

4000001951394
-09/19/96--01026--007
*****8.75 *****8.75

14. I do hereby certify that the information supplied was true and correct at the time of filing and that I am a resident of the State of Florida and am a resident of the State of Florida.

SIGNATURE:

Dawn Joyce

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)