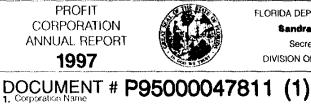
## 1. 8-47) B-4200 NC ILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 08 1997 8:00am Secretary of State

OSPITALITY VACATION SERVICES, INC	•			j	

Principal Plac	Mailing Address 3160 VINELAND ROAD		<del>-</del>	<del></del>						
SUITE 3 SUITE 3 KISSIMMEE FL 34746 KISSIMMEE FL 347464			9							
						3. Date Incorporated or Qualified 06/16/1995		Date of Last R 27/1996	leport	
2. Principal P	lace of Business	2a, Mailing Address				4. FEI Number	L	Ar	oplied For	]
21	H. at-	26			<del></del>	59-3322711			ot Applicable	-
Suite, Apt	#. ctc. Suite, Apt. #, etc.					6. Certificate of Status Desired			Additional equired	
City & Stat	€	City & State	· <del> </del>		<del></del>	6. Election Campaign Financing			May Be	1
23		28			·	Trust Fund Contribution		Added	to Fees	]
Ζφ [20]	Country		Zip Co			8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No				
24	25] g. Name and Address of Currer	29   nt Registered Agent	30	7	<del> </del>	Florida Statutes  10. Name and Address of New Re				-
DAVI	S, RAYMOND H			B1	Name				101-1	1
	VINELAND ROAD			82	Street Addr	ess (P.O. Box Number is Not Acceptat	'ala'			-
SUM					Street Addi	das (1.10. box Humber is Hot Acceptate				_
KISS	IMMEE FL 34748			B3						1
				84	City			85 Zip	Code	1
44 Dusquant	to the argument of Continue CO7 OFF	22 and C07 1509 Florida Ptol	ulas tha s		nomed core	evation authorite this statement for the	Fl		to confedenced	-
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida, Such change wa	s authorize	d by t	named corp the corporati	oration submits this statement for the poor ion's board of directors. I hereby acce	pt the ap	pointment as	registered	
	rm familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Sta	itutes.						
SIGNATURE	Stonature, typical or printed name of registered ag	ent and title if applicable (N	OTÉ Registere	d Ageni	s grature requir	ed when reinstating)	DATE	<del></del>	<del></del>	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	CERS AN	ID DIRECTOR	RS IN 12	]9
TOLE	D	☐ DELETE	1.1 T	ITLE				Change	Addition	١
NAME	DAVIS, CHARLOTTE S	^	1.2 N							3
STREET ADDRESS	3160 VINELAND ROAD, SUITE	3	- 8		DDRESS					ļį
CHY-ST-70P	KISSIMMEE FL 34746	DELETE		ITY-ST-	ZIP			Change	Addition	٦Ď
THLE	DAVIS, RAYMOND H JR.	בן טנננונ	2.1 T 2.2 N					C) Criange	LJ Addition	
STREET ADURESS	3160 VINELAND ROAD, SUITE	3	- 2		.DDAESS					}
CITY S - 7IP	KISSIMMEE FL 34746			CITY-ST						
THE		DELETE	3.1 T					Change	Addition	1
NAME				IAME				•		
STREET ADDRESS			3.3 S	TREET A	DORESS					
DTY-S1-7iP			3.4. (	CITY-ST	- ZIP					
1616		DELETE	4.1 T	ITLE				☐ Change	Addition	]
NAME			4.21	NAME	İ					Ĺ
STREET ADORESS	}		4.3 S	TREET A	.ddress					
CITY - ST - 7/6				HTY-ST-	ZIP					1
TILLE		DELETE	511		}			Change	Addition	1
NAME				AME	1					
STREET ADDRESS					DDRESS (					[
C-TY - SY - ZIP		T DELEVE		HY-ST	- ZiP			Change	Addition	4
TITLE		DELETE	6.1 T					Change Change	Addition	
NAME			- 4	IAME						
STREET ADORESS					DDRESS					
CITY - S1 - ZP*			640	ITY-ST	- ZIP					1

14. I do 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, or on an attachment with an address.

SIGNATURE: