FILE NOW: FILING 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

P95000056707 (9) DOCUMENT # 1. Corporation Name

VISIT FL, INC.

Principal Place of Business

Mailing Address

5842 COVE DRIVE

5842 COVE DRIVE

FILED May 13 1997 8:00am Secretary of State



ORLANDO FL 32812	ORLANDO FL 32812-	2919						
					3. Date Incorporated or Qualified 07/21/1995	3a. Date of Last Report 04/18/1996		
2. Principal Place of Business	2a. Mailing Address		······································		4. FEI Number			Applied For
1 2739 GLENNEDO	WIN CT- 26 2739 G	LENNED	WIN	(m	59-3330070			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc	o.			5. Certificate of Status Desired			Additional Required
City & State 3 PPOPMA PL	City & State 28 APOPHA	PL.			Election Campaign Financing Trust Fund Contribution			O May Be of to Fees
Zip Couritr 4 327/2 25 U.S	`	Coun	try		8. This corporation has liability for i		tax under No	s. 199,032,
	ess of Current Registered Agent				10. Name and Address of New Re-	gistered /	gent	
MIMS, WILLIAM L JR		[*	1 Name					
320 N MAGNOLIA AVEN	WÉ .	ļ.	2 Street	Addres	ss (P.O. Box Number is Not Acceptab	ile)		
SUITE A-9 ORLANDO FL 32801		1	13			•		
		ŀ	4 City			FL	85 Zi	p Code
11 Pure tred to the provisions of See	tions 607 0502 and 607 1508 Elorida	Statutes the shi	N/A-Damac	corpo	vation submite this statement for the n		obanging	ite registered
office or registered agent, or both agent. I am familiar with, and acc	tions 607.0502 and 607.1508, Florida h, in the State of Florida. Such change cept the obligations of, Section 607.050	was authorized 05, Florida Statu	by the cortes.	poratio	on's board of directors. I hereby accept	t the app	ointment a	as registered
SIGNATURE. Signature, typical or pointed name	ne of registered agent and little If applicable	(NOTE: Registered	Agent signatur	e required		DATE		
	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE PST	☐ DELEI	IE 1.9 TITL	Ē				Change	e L Addition
NAME WILLIS, WALTER		1.2 NAM	E					
STREET ADDRESS 5842 COVE DRIVE		1.3 STA	et address					
City-St-Ziff ORLANDO FL 3281			-ST-ZIP	<u> </u>			,	
TITLE	DELET	TË 2.1 TIT).	E			* .	Change	e 🔲 Additio
NAME:		2.2 NAM	IE			1.0		
STREET ADDRESS		2.3 STF	EET ADDRESS	1				
CPTY+ST-ZIP			Y-ST-ZIP					
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NAME		3.2 NA	ΙE					
STREET ADDRESS		3.3 STR	EET ADDRESS					
City-St-76			Y-ST-ZIP					
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NAME		4 2 NA	AE .					
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NAME		5.2 NAI	t E					
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TOLE	☐ DELET			1		***************************************	Chang	e 🔲 Additio
NAME		6.2 NA	IE					
STREET ADDRESS			EET ADDRESS					
		1		1				
C(17-S1-2)P	nation supplied with this filing does not		(-ST-ZIP	-4-60	1. 0	- 17 41 -		

Table receive coming that the information supplied with this annual report to supplied with 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Rtock 13 if changed, or on adjuttachment with an address.