

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

FILED  
May 16 1997 8:00am  
Secretary of State

DOCUMENT # P95000064848 (1)  
1. Corporation Name  
CENTRAL FLORIDA INDEPENDANT RESERVATIONS INC.



Principal Place of Business Mailing Address  
1200 ATRIUM BLDG., STE. 112- CENTRAL AVE. 1200 ATRIUM BLDG., STE. 112- CENTRAL AVE.  
KISSIMMEE FL 34741 KISSIMMEE FL 34741

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1908 E. OSCEOLA PKWY		26 1908 E. OSCEOLA PKWY		08/21/1995		08/16/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 KISSIMMEE FL		28 KISSIMMEE FL		59-3335501		Not Applicable	
24 34743		25 USA		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
29 34743		30 USA		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WILSON, JENNIFER E 1200 ATRIUM BLDG., STE. 112- CENTRAL AVE. KISSIMMEE FL 34741				81 Name JENNIFER E. WILSON			
				82 Street Address (P.O. Box Number is Not Acceptable) 1908 E OSCEOLA PKWY			
				83			
				84 City KISSIMMEE FL 85 Zip Code 34743			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	
NAME	WILSON, JENNIFER	1.2 NAME	
STREET ADDRESS	3386 SANDY SHORE LA	1.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34743	1.4 CITY - ST - ZIP	
TITLE	VPT	2.1 TITLE	
NAME	BARKER, LEONA	2.2 NAME	
STREET ADDRESS	2735 TROPICAL LAKE DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL 34741	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	SECRETARY
NAME		3.2 NAME	JUDITH HINE
STREET ADDRESS		3.3 STREET ADDRESS	OLD CONSERVATORY
CITY - ST - ZIP		3.4 CITY - ST - ZIP	DENBY GRANGE FLOCKTON UK.
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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: \_\_\_\_\_ DATE: 4/22/97

CR2E034 (9/96)