

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000003343

1. Corporation Name

AMERICAN VACATIONS, INC.

Principal Place of Business

2220 E IRLO BRONSON
STE #1
KISSIMMEE FL 34744
US

Mailing Address

PO BOX 450983
KISSIMMEE FL 34745-0993
US

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90065 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1996

4. FEI Number

59-3356686

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2417 NEPTUNE RD

Suite, Apt. #, etc.

2a. Mailing Address

26 2417 NEPTUNE RD

Suite, Apt. #, etc.

City & State

23 KISSIMMEE, FLORIDA

Zip Country

24 34744 25 USA

City & State

28 KISSIMMEE, FLORIDA

Zip Country

29 34744 30 USA

9. Name and Address of Current Registered Agent

MADJI, AREZKI
2220 E IRLO BRONSON
STE 1
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name

MADJI, AREZKI

82 Street Address (P.O. Box Number is Not Acceptable)

2417 NEPTUNE ROAD

83

84 City

KISSIMMEE

FL

85 Zip Code

34744

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

Signature must be printed name of registered agent and the if applicable.

AREZKI MADJI, PRESIDENT

4/28/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
AREZKI, MADJU
STREET ADDRESS 2417 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME DV
MADJI, ANNETTE
STREET ADDRESS 2417 NEPTUNE RD
CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

ANNETTE MADJI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99
Date

407 931 2999
Daytime Phone #

CR2E034 (11/98)