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
Jun 02 1997 8:00am
Secretary of State

DOCUMENT # *P96000013918*
1. Corporation Name
EXIT 242 TOURIST INFORMATION CENTER INC.

Principal Place of Business   Mailing Address   *SAME*

7831 ST. GILES PLACE
ORLANDO FL 32835

3. Date Incorporated or Qualified *2/14/96*
3a. Date of Last Report

	Principal Place of Business		Mailing Address
2. **21**		2a. **26**	
Suite, Apt. #, etc. **22**		Suite, Apt. #, etc. **27**	
City & State **23**		City & State **28**	
Zip **24**	Country **25**	Zip **29**	Country **30**

4. FEI Number *59-3375738*
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 has liability for intangible tax under s. 199.032, Florida Statutes   ☐ Yes   ☒ No

9. Name and Address of Current Registered Agent

BRONER, JONATHON
7831 ST. GILES PLACE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	☐ DELETE	1.1 TITLE *President*	☐ Change	☒ Addition
NAME *BRONER, JONATHON*		1.2 NAME		
STREET ADDRESS *7831 ST. GILES PLACE*		1.3 STREET ADDRESS		
CITY-ST-ZIP *ORLANDO FL 32835*		1.4 CITY-ST-ZIP		
TITLE	☐ DELETE	2.1 TITLE *Vice President*	☐ Change	☒ Addition
NAME *BULLER, DARCIE*		2.2 NAME		
STREET ADDRESS *7831 ST. GILES PLACE*		2.3 STREET ADDRESS		
CITY-ST-ZIP *ORLANDO FL 32835*		2.4 CITY-ST-ZIP		
TITLE	☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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-06/10/97---01078--029
***165.00
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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: *4/30/97   407-293-2008*

05 6/2/97