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PROFIT CORPORATION ANNUAL REPORT 1999

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

DOCUMENT # P96000013974

1. Corporation Name
FLORIDA VACATION PROMOTIONS, INC.



Principal Place of Business 5728 MAJOR BLVD STE 165 ORLANDO FL 32819 US	Mailing Address 5728 MAJOR BLVD STE 165 ORLANDO FL 32819 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7219 International Dr	2a. Mailing Address 26 7219 International Dr	3. Date Incorporated or Qualified 02/12/1996	4. FEI Number 59-3384396	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
City & State 23 Orlando Fla	City & State 28 Orlando Fla	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
Zip 24 32819	Country 25	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent QUINTINO, ANDREA 5325 SPRING RUN AVE ORLANDO FL 32819	10. Name and Address of New Registered Agent 81 Name ANDREA Q. CAMPOS 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input type="checkbox"/> DELETE	1.1 TITLE	CAMPOS, ANDREA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME QUINTINO, ANDREA	1.2 NAME		
STREET ADDRESS 4312 MIDDLEBROOK RD	1.3 STREET ADDRESS	5325 Spring Run Ave	
CITY-ST-ZIP ORLANDO FL	1.4 CITY-ST-ZIP	Orlando Fla 32819	
TITLE VPS <input type="checkbox"/> DELETE	2.1 TITLE		
NAME CAMPOS, BORIS	2.2 NAME		
STREET ADDRESS 5325 SPRING RUN AVE	2.3 STREET ADDRESS		
CITY-ST-ZIP ORLANDO FL	2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	3.1 TITLE		
NAME	3.2 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	4.1 TITLE		
NAME	4.2 NAME		
STREET ADDRESS	4.3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	5.1 TITLE		
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE	6.1 TITLE		
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
CITY-ST-ZIP	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: Andrea Campos Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)