

FILED
Mar 02, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>7219 International Dr</u> Suite, Apt. #, etc. 22 City & State 23 <u>Orlando Fla</u> Zip Country 24 <u>32819</u> 25 26 <u>7219 International Dr</u> Suite, Apt. #, etc. 27 City & State 28 <u>Orlando Fla</u> Zip Country 29 <u>32819</u> 30		3. Date Incorporated or Qualified <u>02/12/1996</u> 4. FEI Number <u>59-3384396</u> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 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 81 Name <u>QUINTINO, ANDREA</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>5325 SPRING RUN AVE</u> <u>ORLANDO FL 32819</u> 83 84 City <u>FL</u> 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>QUINTINO, ANDREA</u>	1.2 NAME	<u>CAMPOS, ANDREA</u>
STREET ADDRESS	<u>4342 MIDDLEBROOK RD</u>	1.3 STREET ADDRESS	<u>5325 Spring Run Ave</u>
CITY-ST-ZIP	<u>ORLANDO FL</u>	1.4 CITY-ST-ZIP	<u>Orlando Fla 32819</u>
TITLE	VPS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>CAMPOS, BORIS</u>	2.2 NAME	
STREET ADDRESS	<u>5325 SPRING RUN AVE</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>ORLANDO FL</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)