## 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 # P96000026680

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

K & D VACATIONS, INC.

N W D V			•									
Principal Place of Business Mailing Address												
2504 SW 38TH TERRACE CAPE CORAL FL 33914  2504 SW 38TH TERRACE CAPE CORAL FL 33914							DO NOT WRITE	IN THIS S	SPACE			
							3. Date Incorporated or Qualifed		JI AOL			
							03/21/1996					
2. Principal Place of Business			a. Mailing Address							lied For	7	
21			6				65-0659559			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5- Certificate of Status Desired Fee Required					
22		27	-01-0-1			<del></del>						
City & State			City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees					
Zip	Country	T	Zip Cou				8. This corporation owes the current year Intangible					
24	25 29			30			Personal Property Tax.		Ŭ Yes ☐ No			
	9. Name and Address of Current				<u> </u>		10. Name and Address of New Re	gistered A	gent		-	
	ALVINE ALL	3 700			81	Name						
SEEMANN, ERNEST A ESO					82	Street Add	Iress (P.O. Box Number is Not Acceptab	le)				
4729 DEL PRADO BLVD							* *** *** * * * * * * * * * * * * * *	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		7.01 2.013 24 21		
CAP	PE CORAL FL 33904				83		。2013年,1913年為中華研究 1914年 - 日本語					
	•				84	City	The state of the s	### g	85 Zip C	ode`		
000 - 00M 500	المحاص المراوات		المعترين فعالما معووم عم			· .		<u> </u>	1 1			
and the same of	to the provisions of Sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	t MION	ia- Such change was ai	umonze	o Dv	the corporat	poration submits this statement for the p ion's board of directors. I hereby accept	the appoin	tment as reg	istered		
SIGNATURE		and title	if applicable (NOTE:	Pagistere	d Ager	et signature requir	red when reinstating),	DATE			=	
12.	Signature, typed or printed name of registered agent OFFICERS AND			13.	. r.go.	i digitalia i a qui	ADDITIONS/CHANGES TO OFF	ICERS AN	DIRECTO	RS IN 12	86	
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this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 upper or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address, with all other like empowered. 14. I hereby certify that the information supplied windicated on this annual report or supplementa officer or director of Block 12 or Block 13

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

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**FILED** 

Feb 02, 1999 8:00am

**Secretary of State** 

02-02-1999 90026 021 \*\*\*150.00

Change

Addition