May 07, 1999 8:00 am Secretary of State

05-07-1999 90011 042 ***150.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600040384

1. Corporation Name

Principal Place of Business

CONTACT USA HOLIDAYS, INC.

9240 AIRPORT BOULEVARD #03 ORLANDO FL 32627 US			9240 AIRPORT BOULEVARD #03 ORLANDO FL 32827 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 05/09/1996						
Principal Place of Business 2a. Mailing Address								FEI Number		$\neg \top$	Apr	lied For	
21			26					59-3379138			Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of Status Desired \$8.75 Additions						
22			27				Fee Required					quired	
City & State			City & State				6. Election Campaign Financing \$5.00 May Be					May Be	
23							Trust Fund Contribution		A	ded to	Fees		
Zip					ountry 8. This corporation owes the current year Intangible								
24	25	red Agent				Personal Property Tax.					No		
				10.	Name and Address of New I	Registered A	gent						
050	EZ EEDMANDO III				81	Name							
PEREZ, FERNANDO III						Street Addr	ess (F	O. Box Number is Not Accept	able)				
401 E. JACKSON ST.			83			·							
SUITE 2400 TAMPA FL 33602													
IAN	IPA FL 33602				84	City				85	Zip C	ode	
ļ	to the provisions of Sections 607.05			ļ		,			<u>FL</u>		·		
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 A	ND DIRE		13.		 _		ADDITIONS/CHANGES TO OF	FICERS ANI				
TITLE	PSTD				1.1 TITLE					C	ange	☐ Addition	
NAME	HARDING, PATRICIA A			1.2 NA									
STREET ADDRESS	9240 AIRPORT BOULEVARD,	#03		1.3 ST	REET	ADDRESS							
CITY-ST-ZIP	ORLANDO FL			1.4 CII	_	:-ZIP						T same	
TITLE			☐ DELETE	2.1 TIT	2.1 TITLE					Ct	ange	Addition	
NAME				1	2.2 NAME								
STREET ADDRESS				2.3 STREET ADDRESS									
CITY-ST-ZIP		<u>.</u> _		2 4 CITY-ST-ZIP									
TITLE			☐ DELETE 3.1 T							□ Ct	ange	☐ Addition	
NAME				3.2 NA									
STREET ADDRESS				3.3 ST	REET	ADDRESS							
CITY-ST-ZIP					3.4. CITY-ST-ZIP							Addition	
TITLE	_		ı	4.1 TITLE					□ Ct	ange	Addition		
NAME				4. 2 N									
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				4.4 CIT	_	-ZIP				(-100		Addition	
TITLE			☐ DELETE	5.1 717						□ Ct	ange		
NAME				52 NA									
STREET ADDRESS				4		ADDRESS							
CITY-ST-ZIP				5.4 CIT		i-ZIP						☐ Addisia -	
TITLE	1		DELETE	6.1 TIT	LE					Ch	ange	Addition Addition	

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

TRISHA Handing

407)825-6104