

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

DOCUMENT # P96000076917 (9)

1. Corporation Name

ALL FLORIDA VACATIONS INC.

Principal Place of Business

809 WEST VINE STREET #C-3  
KISSIMMEE FL 34741

Mailing Address

809 WEST VINE STREET #C-3  
KISSIMMEE FL 34741-4182

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

3. Date Incorporated or Qualified

09/16/1996

3a. Date of Last Report

4. FEI Number

36-410 8393

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

800002270398--9

-08/18/97--01140--011

84 City

\*\*\*385.00L \*\*\*385.00L

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

TITLE D  
NAME BARNES, SUSAN M  
STREET ADDRESS 2945 PADDINGTON WAY  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE ~~BARNES~~  
NAME ~~BARNES~~  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE D. - PRESIDENT  
NAME BARNES, SUSAN M.  
STREET ADDRESS 2945 Paddington Way  
CITY-ST-ZIP KISSIMMEE FL 34747 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME BARNES  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☒ Change ☒ Addition

2.1 TITLE DIRECTOR  
2.2 NAME GERRY K BARNES  
2.3 STREET ADDRESS 2945 PADDINGTON WAY,  
2.4 CITY-ST-ZIP KISSIMMEE, FL 34747 ☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, unchanged, or on an attachment with an address.

SIGNATURE *[Signature]* SIGNATURE REQUIRED K BARNES 8/13/97

APPROVED  
AND  
FILED

97 AUG 13 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2E034 (9/96)