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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Ì	Principal Place of Business	Mailing Address
	5926 COCOA COURT CAPE CORAL FL 33904	5326 COCOA COURT CAPE CORAL FL 33904-5817

FILED May 09 1997 8:00am Secretary of State

Principal Place 5326 COCOA C CAPE CORAL F	HOLIDAY HOMES, INC.	Mailing Address 5326 COCOA COURT CAPE CORAL FL 33804-5817				
				3. Date Incorporated or Qualified 10/18/1996	3a. Date of La	ast Report
2. Principal P	face of Business	2a. Mailing Address	<u></u>	4. FEI Number		Applied For
21		26 1318 LAFA	tette st.	65-07/1898		Not Applicable
Suite, Apt 22	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required
City & State	0	City & State		6. Election Campaign Financing		.00 May Be
23		28 CAPE CORAL		Trust Fund Contribution	_	ded to Fees
Zip	Country	Zip	Country	8. This corporation has liability for in		ier s. 199.032,
24	25 9. Name and Address of Current		o FLORIDA		Yes 🔼 No	
		negistered Agent	81 Name	10. Name and Address of New Reg	distaten Wöeur	
	MANN, ERNEST A ESQ 9 DEL PRADO BOULEVARD			(B.O. B.: 1)	(-)	
	E CORAL FL 33904		82 Street Add	fress (P.O. Box Number is Not Acceptab	10)	
			83			
			84 City		85	Zip Code
·			1 1 1			•
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607,1508, Florida Statutes of Florida, Such change was au	i, the above-named corp thorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accep	urpose of changi it the appointmen	ng its registered
agent. Fa	ini familia. with and accept the oblicati	i∕ins#lySection 607.0505, Flori	do Cintulas			
	••	•	ua Statutes.			
SIGNATURE	••				DATE	
	Signa vire, typed or printed name of registered agen- OFFICERS AND	and title if applicable (NOTE I	Registered Agent signature requi		DATE	
SIGNATURE	Signs and typed or punited name of registered again. OFFICERS AND	and title if applicable (NOTE I	Registered Agent signature requ	ived when reinstating)	DATE	CTORS IN 12
SIGNATURE	Signa and agreed or purified name of registered agree OFFICERS AND D BLECKMANN, KLAUS-GUNTER	and title if applicable (NOTE I	Registered Agent signature required 13. 1.1 TITLE 12 NAME	ived when reinstating)	DATE ERS AND DIREC	CTORS IN 12
SIGNATURE 12. TITLE NAME SIREFI ADDRESS	Signa vin. systed or printed name of registered again OFFICERS AND D BLECKMANN, KLAUS-GUNTER 5328 COCOA COURT	and title if applicable (NOTE I	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ived when reinstating)	DATE ERS AND DIREC	CTORS IN 12
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SIGNATURE 12. TITLE NAME STREEL ADDRESS CHY-SU-ZIE TITLE	OFFICERS AND D BLECKMANN, KLAUS-GUNTER 5326 COCOA COURT CAPE CORAL FL 33904 D	and title if applicable (NOTE I	Registered Agent signature required to the s	ived when reinstating)	DATE ERS AND DIREC	CTORS IN 12 nge Addition
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