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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092290 (1)

ORLANDO VACATION HOMES, INC.

FILED Feb 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address P.O. BOX 747 P.O. BOX 747 LOUGHMAN FL 33858 LOUGHMAN FL 33858 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/12/1996 2. Principal Place of Business 2a. Marling Address 4, FEI Number Applied For Not Applicable 21 59-3417140 26 Suite, Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 Personal Property Tax due June 30. 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATEL, BHASKAR M 7807 TURKEY OAK LANE 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34747 83 Zip Code 64 City 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 priored name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. TITLE DELETE 1 1 TITLE Change Addition NAME PATEL, PARIMAL K 1.2 NAME 71 CHERRY COURT ACORN WALK STREET ADDRESS 1.3 STREET ADDRESS LONGDON, ENGLAND S-E-16-1ET 1.4 City - ST - ZiP CITY-ST-ZIP DELETE Addition TITLE 2.1 TITLE Change NAME PATEL, BHASKAR M 2.2 NAME 7807 TURKEY OAK LANE STREET ADDRESS 2.3 STREET ADDRESS KISSIMMEE FL 34747 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition 3.1 THILE Change TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.3 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change ☐ Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 supplienental 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

BHASOM

PAREN

2E034 (10/97)