


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

RECEIVED
99 FEB 25 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000033325
1. Corporation Name
BRAVEHEART HOLIDAYS, INC.

Principal Place of Business: 4051 NW 101ST DR CORAL SPRINGS FL 33065
Mailing Address: 4051 NW 101ST DR CORAL SPRINGS FL 33065

| | | | | | | | | | |
|--------------------------------|----|----|----|----|---------------------|----|----|----|----|
| 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 2. Principal Place of Business | | | | | 2a. Mailing Address | | | | |
| Suite, Apt #, etc. | | | | | Suite, Apt #, etc. | | | | |
| City & State | | | | | City & State | | | | |
| Zip Country | | | | | Zip Country | | | | |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/14/1997

4. FEI Number: NOT APPLICABLE 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 owes the current year Intangible Personal Property Tax: [] Yes [] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

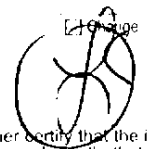
81 Name: HUDSON, MATTHEW
82 Street Address (P.O. Box Number is Not Acceptable): 4051 NW 101ST DR
83 City: CORAL SPRINGS
84 Zip Code: FL 33065

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: _____ (NOTE: Registered Agent signature required when filing change)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|-------------------------|
| TITLE | PSTD | 11 TITLE | [] Change [] Addition |
| NAME | HODSON, MATTHEW | 12 NAME | |
| STREET ADDRESS | 4051 NW 101ST DRIVE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL SPRINGS FL 33065 | 14 CITY-ST-ZIP | |
| TITLE | [] DELETE | 21 TITLE | [] Change [] Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | [] DELETE | 31 TITLE | [] Change [] Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | [] DELETE | 41 TITLE | [] Change [] Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | [] DELETE | 51 TITLE | [] Change [] Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | [] DELETE | 61 TITLE | [] Change [] Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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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, trustee, or 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

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 23 1999
Date: Phone #