

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

FILED
Feb 18, 1999 8:00am
Secretary of State

02-18-1999 90092 005 *****150.00

DOCUMENT # **P97000045675**

Corporation Name
ACCOMMODATION USA, INC.

Principal Place of Business
**E. VINS STREET
KISSIMMEE FL 34744**

Mailing Address
**1325 E. VINS STREET
KISSIMMEE FL 34744**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
25		29	30
3. Date Incorporated or Qualified 05/20/1997		4. FEI Number 59-3458722	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent FISHER, JACK 1325 E. VINS STREET KISSIMMEE FL 34744		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		85 Zip Code	
		FL	

I, the undersigned, being duly sworn, certify that 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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
ADDRESS	PD STANGHON, MARK 30 YEW TREE ROAD, BECJENHAM, KENT ENGLAND BR3 4HT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
ADDRESS	S LISH, TERRI 30 YEW TREE ROAD, BECJENHAM, KENT ENGLAND BR3 4HT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
ADDRESS	T SPRACKLING, ANTHONY G 30 YEW TREE ROAD, BECJENHAM, KENT ENGLAND BR3 4HT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
ADDRESS		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Richard C. Hayes* **Richard C. Hayes CPA, PDA** 1/26/99 407-894-6222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)