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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000048102

1. Corporation Name

CENTRAL FLORIDA DESTINATIONS, INC.

| Principal Place  | e of Business  | Mailing Address  |  |   | 1 1221225 110 1011 1221 0211 0211 0211  |                   |   |
|--|--|--|--|---|---|-------------------|---|
| 1310 N. MAIN S   | STREET .   | 1310 N. MAIN STREET  |  |   |   |                   |   |
| SUITE 106  |  | SUITE 106  |  |   | DO NOT WRITE IN THI   | S SPACE           |   |
| KISSIMMEE FL 34744   |  | KISSIMMEE FL 34744   |  |   | 3. Date Incorporated or Qualifed  |                   | -   |
|  |  |  |  |   | 05/29/1997  |                   |   |
| 2. Principal P   | lace of Business   | 2a. Mailing Address  |  |   | 4. FEI Number   | -T                | Applied For   |
|  | 5 TRODICALLK DR  | 26 2735 TROPI  | colde  | DR  | 59-3451090  |                   | Not Applicable  |
| Suite, Apt.  |  | Suite, Apt. #, etc.  |  |   | 5. Certificate of Status Desired  | 7                 | <b>5</b> Additional                                   |
| 22   |  | 27   |  |   | / /   |                   | e Required  |
| City & Stat  | , ,  | City & State   | =1   |   | 6. Election Campaign Financing  | •                 | 00 May Be   |
| 3 Kissin   | nmee /L  | 28 Kissimmce   | Cour   | ntr./   | Trust Fund Contribution   |                   | led to Fees   |
| □ <b>3√√√/</b> Ε   | 1040 main la   | 20 2/0//2/729  |  | czo/A   | This corporation owes the current year I     Personal Property Tax.           | ntangibie<br>∐Yes | □No   |
| <i>عراد (د)</i><br>  | 9- Name and Address of Current   | 29  <i>34 )4 - 337</i><br> Registered Agent  | 130102   | ~~~//V  | 10. Name and Address of New Registere   |                   |   |
| · · · · · · · · · · · · · · · · · · ·  |  |  |  | 81 Name   |   |                   |   |
|  | KER, LEONA   |  | }  | 82 Street   | Address (P.O. Box Number is Not Acceptable)                                   |                   |   |
|  | 5 TROPICAL LAKE DR   |  |  | OL CHOCK  | Tables (1.15. Box Hollies 15.15th Bosphable)                                  |                   |   |
| KISS   | SIMMEE FL 34741  |  | ĺ  | 83  |   |                   |   |
|  |  |  | . }  | 84 City   |   | 85                | Zip Code  |
|  |  |  |  | '   | corporation submits this statement for the purpose                            | ┖╎                | ,   |
| agent. I a   | m familiar with, and accept the obligati   | ions of, Section 607.0505, Flo   | orida Statu  | tes.  | oration's board of directors. I hereby accept the app                         |                   |   |
| agent. I a<br>SIGNATURE  | Signature, typed or printed name of registered agent   | t and title if applicable. (NOTI   | e: Registered  | ites.   | equired when reinstating) DATE  | ····              |   |
| agent. I a<br>SIGNATURE<br>12.   | Signature, typed or printed name of registered agent   | t and title if applicable. (NOTED DIRECTORS  | E: Registered  | ites.<br>Agent signature n  | equired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS A              | ND DIRE           | CTORS IN 12   |
| agent. I a SIGNATURE  12. TITLE  | Signature, typed or printed name of registered agent OFFICERS AND  | t and title if applicable. (NOTI   | E: Registered 13.  | Agent signature n   | ADDITIONS/CHANGES TO OFFICERS A   | ····              | CTORS IN 12   |
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| agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | Signature, typed or printed name of registered agent OFFICERS AND VPS BARKER, MELANIE 1424 WENDY CT                    | ions of, Section 607.0505, Fic.  and title if applicable. (NOTE  D DIRECTORS  DELETE                         | E: Registered 13. 1.1 TIT 1.2 NA 1.3 STI   | Agent signeture no LE ME REET ADDRESS Y-ST-ZIP LE   | ADDITIONS/CHANGES TO OFFICERS / P/T/D, V/S BARKER, LEOMA 2035 TROPICAL LK, DR | AND DIRE          | CTORS IN 12 nge Addition                              |
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CITY-ST-ZIP 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 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.

6.4 CITY-ST-ZIP

**SIGNATURE**:

STREET ADDRESS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90005 018 \*\*\*158.75