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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90073 039 ***150.00

DOCUMENT # P97000078923

1. Corporation Name

SUNSTYLE INTERNATIONAL HOLIDAYS OF CALIFORNIA, I NC.

Principal Place	e of Business	Mailing Address					
100 SECOND A	venue south	100 SECOND AVENUE SOUTI	1				
303N		303N		DO NOT WRITE IN THIS SPACE			
ST PETERSBURG FL 33701-4301		ST PETERSBURG FL 33701-4301 US			3. Date Incorporated or Qualifed		
03		00			09/11/1997		
2 Principal Pl	ace of Business	2a. Mailing Address			4, FEI Number		Applied For
<u> </u>	ace of Busiless	26			59-3470230	<u> </u>	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.7	5 Additional
22	m, Glo.	27			5. Certifcate of Status Desired	Fee	Required
City & State	8-1-	- City & State	Ŧ		6. Election Campaign Financing	\$5.0	0 May Be
23		28		Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	Intangible	
24	25.	29	0]		Personal Property Tax.	Yes	□No_
1-1	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Register	ed Agent	
			81	Name			
	CORPORATION SYSTEM		82	Street	Address (P.O. Box Number is Not Acceptable)	i	
1200 SOUTH PINE ISLAND ROAD				olicet / daleds (r . 5 · 5 s x rames)			
PLAN	NTATION FL 33324		83		•		
			84	City		. 85 Z	ip Code
}			64	City	F	FL °°	
11. Pursuant	to the provisions of Sections 607.050:	2 and 607.1508, Florida Statutes	, the above	-named	corporation submits this statement for the purpose	of changing	its registered
-46-00-04-0	egistered agent, or both, in the State of m familiar with, and accept the obligat	of Elotida. Such change was allt	ากทรคส ถึง	the come	pration's board of directors. I hereby accept the ap	pomment as	registered
J	in ignition with, and dooopt the songer						
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: R	egistered Ager	t signature r	equired when reinstating) DATE		
SIGNATURE		D DIRECTORS	egistered Ager	t signature r	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIREC	
				it signature r	Squite man femous gy		
12.	OFFICERS AN	D DIRECTORS	13.	it signature r	Squite man femous gy	AND DIREC	
12.	OFFICERS AN	D DIRECTORS	13. 1.1 TTLE		Squite man femous gy	AND DIREC	
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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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS