

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095952 (2)

1. Corporation Name

FANTASY HOLIDAYS, INC.



Principal Place of Business

Mailing Address

2340 S. CONWAY ROAD, #N  
ORLANDO FL 32812

2340 S. CONWAY ROAD, #N  
ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1997

4. FEI Number

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

21 ORLANDO WINTERGARDEN  
CAMP GROUND

2a. Mailing Address

26 ORLANDO WINTERGARDEN  
CAMP GROUND.

Suite, Apt. #, etc.

22 13905 W. COLONIAL DR

Suite, Apt. #, etc.

27 13905 W. COLONIAL DR.

City & State

23 WINTERGARDEN, FL

City & State

28 WINTERGARDEN, FL

Zip

24 34787

Country

25 U.S.A.

Zip

29 34787

Country

30 U.S.A.

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GENE E.B. HESS, C.P.A., P.A.  
1305 EAST ROBINSON ST., STE. A  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME KAPUR, VIJAY  
STREET ADDRESS 2340 S. CONWAY ROAD, #N  
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ DELETE

NAME KAPUR, VIJAY  
STREET ADDRESS 2340 S. CONWAY ROAD, #N  
CITY-ST-ZIP ORLANDO FL 32812

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition

1.2 NAME KAPUR, VIJAY

1.3 STREET ADDRESS 13905 W. COLONIAL DR.

1.4 CITY-ST-ZIP WINTERGARDEN, FL. 34787 U.S.A.

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME KAPUR, VIJAY

2.3 STREET ADDRESS 13905 W. COLONIAL DR.

2.4 CITY-ST-ZIP WINTERGARDEN, FL 34787 U.S.A.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

IK Ahur

APR 15, 1998

CR2E034 (10/97)