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Apr 13, 1999 8:00 am  
Secretary of State

04-13-1999 90099 032 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000028414

1. Corporation Name  
ORLANDO HOLIDAYS, INC.



Principal Place of Business: 5260 WEST IRLO BRONSON HIGHWAY SUITE 118-120 KISSIMMEE FL 34746  
Mailing Address: 5260 WEST IRLO BRONSON HIGHWAY SUITE 118-120 KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/27/1998  
4. FEI Number: 59-3500447 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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, and Country.

9. Name and Address of Current Registered Agent: AMERILAWYER, 343 ALMERIA AVENUE, CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: MICHAEL B. JONES, ESQUIRE, 7652 ASHLEY COURT, SUITE 300, ORLANDO FL 32835

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] MICHAEL B JONES DATE: 4/8/99

12. OFFICERS AND DIRECTORS (Table with columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (Table with columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes)

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 to this report, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/28/99 DAYTIME PHONE #: 407-396-9696

CR2E034 (1/1/98)