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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90099 032 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P98000028414**1. Corporation Name

STREET ADDRESS

SIGNATURE:

14. I hereby certify that the information supplied indicated on this annual report or supplement

officer or director of the corporation or the re Block 12 or Block 13 if changed, or on an a

CITY-ST-ZIP

ORLANDO HOLIDAYS, INC.

Principal Place	of Rusiness	Mailing Address	••		5
•		5260 WEST IRLO BRONSON I	HIGHWAY		
SUITE 118-120 SUITE 118-120					
KISSIMMEE FL 34746 KISSIMMEE FL 34746		KISSIMMEE FL 34746			ITE IN THIS SPACE
				3. Date Incorporated or Qualifed 03/27/1998	
2. Principal Pl	ace of Business	2a. Mailing Address	<u>~</u>	4. FEI Number	Applied For
21		26		59-35004	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional
22		27		3. Octaiodis 5. Octaio 200/100	Fee Required
City & State	•	City & State	-	6. Election Campaign Financing	11 ' 1
23		28	****	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the cur	rrent year Intangible
24	25	29 30	<u>D</u>	Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New	Registered Agent
AME	DII AWVED		la Name	NICHAFL B. JOK	ES, ESQUIRE
AMERILAWYER 343 ALMERIA AVENUE			82 Street Ac	Idress (P.O. Box Number is Not Accept	table) RARK COURT
CORAL GABLES FL 33134				1652 ASHLEYE	THE COURT
CON	AL GABLES IL 33134		83	SUITE 300	
	•		84 City	2014100	FL 85 Zip Code
44 D	the provisions of Scotlang 607 050	2 and 607 1509 Elorida Statutes	the above-named co	proporation submits this statement for the	a numose of changing its registered
office or r	egistered agent, or both, in the State	of Florida. Such change was auth	norized by the corpora	ation's board of directors. I hereby acce	pt the appointment as registered
agent. I a	n familiar with and accept the obligat	dons of Section 607.0505, Florid	a Statutes.	1	10 4/0/95
SIGNATURE	o mny	1 m	egistered Agent signature requ	- B JONES	DATE
	Signature, typed or printed name of registered agen	D DIRECTORS	13.		FFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE	1.0010.010.010.020.000	☐ Change ☐ Addition
	WRIGHT, MALCOLM J	_	1.2 NAME)
NAME	5260 WEST IRLO BRONSON H	HGHWAY	1.3 STREET ADDRESS		
STREET ADDRESS	KISSIMMEE FL 34746	Minima	1.4 CITY-ST-ZIP		
CITY-ST-ZIP	SVD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
TITLE	WRIGHT, GILLIAN M		2.2 NAME		
NAME	5260 WEST IRLO BRONSON H	IIGHWAY			
STREET ADDRESS		IGHTAL	2.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		☐ Change ☐ Addition
TITLE	!		1		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		□ DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE →	4.1 TITLE		Clouding Clyoneri
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change C Addition
TITLÉ		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		Channe DAZZiin
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		!

6.3 STREET ADDRESS

the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

ther and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY-ST-ZIP