

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90004 023 ***150.00

DOCUMENT # P98000041260

1. Corporation Name

U. S. HOLIDAYS INTERNATIONAL, INC.

Principal Place of Business

**4636 W. IRLO BRONSON HWY., STE. K
KISSIMMEE FL 34746**

Mailing Address

**4636 W. IRLO BRONSON HWY., STE. K
KISSIMMEE FL 34746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/29/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

City & State

28

Zip

Country

29**30**

4. FEI Number

59-3507540

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax.☐ Yes☒ No

9. Name and Address of Current Registered Agent

LEMONS, LEO J**4636 W. IRLO BRONSON HWY., STE. K
KISSIMMEE FL 34746**

10. Name and Address of New Registered Agent

81 Name

Garrett Kenny

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

4636 W. Irlo Bronson Hwy Ste. K

83

84 City **Kissimmee****FL**

85 Zip Code

34746

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 renewing)

DATE

2 July 1999

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETENAME **GARRET, KENNY**STREET ADDRESS **4636 W. IRLO BRONSON HWY., STE. K**CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE **DV** ☐ DELETENAME **SMITH, RAY**STREET ADDRESS **4636 W. IRLO BRONSON HWY., STE. K**CITY-ST-ZIP **KISSIMMEE FL 34746**TITLE **DST** ☒ DELETENAME **LEMONS, LEO J**STREET ADDRESS **4636 W. IRLO BRONSON HWY., STE. K**CITY-ST-ZIP **KISSIMMEE FL 34746**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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Garrett Kenny **8 April 99** **3972247**

CR2E034 (1/98)