

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90020 048 ***150.00

DOCUMENT # P98000051227

1. Corporation Name

ORLANDO CELEBRATION II, INC.

Principal Place of Business
750 N. MAITLAND AVENUE
MAITLAND FL 32751

Mailing Address
750 N. MAITLAND AVENUE
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1998

4. FEI Number

59-3518239

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 5870 W Irlo Bronson Hwy

2a. Mailing Address

26 200 North Thornton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Kissimmee, FL

City & State

28 Orlando, Florida

Zip

24 34746

Country

25 USA

Zip

29 32801

Country

30 USA

9. Name and Address of Current Registered Agent

SMITH, RANDALL C
750 N. MAITLAND AVENUE
MAITLAND FL 32751

10. Name and Address of New Registered Agent

81 Name

Randall C. Smith, Esq

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

200 North Thornton Avenue

83

84 City

Orlando

FL

85 Zip Code
32801

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

3/19/99

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE
NAME SMITH, RANDALL C
STREET ADDRESS 750 NORTH MAITLAND AVENUE
CITY-ST-ZIP MAITLAND FL 32751

TITLE S ☒ DELETE
NAME KUEHN, MARJORIE G
STREET ADDRESS 750 NORTH MAITLAND AVENUE
CITY-ST-ZIP MAITLAND FL 32751

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 President ☐ Change ☒ Addition
1.2 NAME Khurram Sheik
1.3 STREET ADDRESS P.O. Box 421060
1.4 CITY-ST-ZIP Kissimmee, FL 34742-1060

2.1 TITLE Secretary ☐ Change ☒ Addition
2.2 NAME Nadeem Battla
2.3 STREET ADDRESS P.O. Box 421060
2.4 CITY-ST-ZIP Kissimmee, FL 34742-1060

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 #

3/1/99

407-396-6677

CR2F034 (11/98)

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