## 05171999-90086-037-\$150.00-\$150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State 🦪 DIVISION OF CORPORATIONS

## May 17, 1999 8:00 am Secretary of State

05-17-1999 90086 037 \*\*\*150.00

DOC	A - 0 A						
1. Corpora	JMENT # P980000	82175					
DOCUMENT # 89800082175  1. Corporation Name Orlando's Key Vacation					755946 - 90003 - 31		
Principal Pl	ace of Business	Mailing Address			3/3940		
	ark Place Blud.	IVIGINITY PRODUCTION			<del></del>	-	
178 7	ste 2				DO NOT WRITE IN	THIS SPACE	
Kissi	nnee FL 34741				Date Incorporated or Qualifed  52 pt - '99		
2. Principal	Place of Business	2a. Mailing Address			FEI Number	A	pplied For
]		26			59 <u>3534124</u>	N	ot Applicable
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		5.	Certificate of Status Desired		Additional lequired
City & SI	ate	City & State		6.	Election Campaign Financing	\$5.00	May Be
		28			Trust Fund Contribution	Added	to Fees
<u>Z</u> ip	Country	Zip	Country	1	This.corporation.owes the current yes		
	25	29	30		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curren	t Registered Agent	B4 Non		Name and Address of New Registe	red Agant	
Mic	juel Senior		81 Nan	16	_		
		A	32 Stre	et Address (P.	O. Box Number is Not Acceptable)		
	6 rown Center	2109 216 112	83				
100	ando, 32837						
··· <del>-</del> -			84 City	84 City F1 85 Zip Code			Code
office o	r registered agent, or both, in the State of	of Florida. Such change was a	uthorized by the co	ed corporation rporation's boa	submits this statement for the purpos and of directors. I hereby accept the a	e of changing its ppointment as re	s registered egistered
agent. I	em familiar with, and accept the obligat E	of Florida. Such change was a ions of, Section 607.0505, Flor	uthorized by the co rida Statutes.	rporation's bo	ard of directors. I hereby accept the a	ppointment as re	s registered egistered
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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.

6.4 CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BURNING OFFICER OR DIRECTOR

4/27/39