

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
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90138 050 ***158.75

DOCUMENT # P98000086967

1. Corporation Name

HOLIDAY R.V. FINANCE, INC.

Principal Place of Business

1112 US HWY 19
HOLIDAY FL 34691

Mailing Address

HOLIDAY FL 34691

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1998

2. Principal Place of Business

2a. Mailing Address

21 2435 US 19 N

26 2435 US 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 670

27 670

23 Holiday FL.

28 Holiday, FL.

City & State

City & State

Zip

Zip

24 34691

29 FL 34691

Country

Country

25

30

4. FEI Number

59-3541873

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing

May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

NGUYEN, THIN
1112 US HWY 19
HOLIDAY FL 34691

10. Name and Address of New Registered Agent

81 Name NGUYEN, THIN

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

2435 US 19

83 Suite 670

84 City Holiday

FL

85 Zip Code

34691

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.

THIN NGUYEN Vice Pres

4-15-1999

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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: THIN NGUYEN Vice Pres 4/15/99 (727) 934-8596

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)