

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90034 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000087569

1. Corporation Name

HHR VACATION HOMES SERVICES, INC.

Principal Place of Business

1927 REEF CLUB DRIVE, BLDG 10 #205
KISSIMMEE FL 34741

Mailing Address

1927 REEF CLUB DRIVE, BLDG 10 #205
KISSIMMEE FL 34741

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1998

4. FEI Number

59-3543332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business	2a. Mailing Address
21 1130 E. DONEGAN AVE.	26 1130 E. DONEGAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 SUITE 7	27 SUITE 7
City & State	City & State
23 KISSIMMEE FL	28 KISSIMMEE FL
Zip	Zip
24 34744	29 34744
Country	Country
25 ORCEOLA	30 ORCEOLA

9. Name and Address of Current Registered Agent

OCANDO, RICARDO
1927 REEF CLUB DR., BLDG 10 #205
KISSIMMEE FL 34741

81 Name

82 Street Address

83

84 City

FL

85

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OCANDO, RICARDO	1.2 NAME	
STREET ADDRESS	1927 REEF CLUB DR. BLDG 10 #205	1.3 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEUTHNER, HERMAN	2.2 NAME	
STREET ADDRESS	1624 FLORIDA DEVELOPMENT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVENPORT FL 33837	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDOVAL, HENRY	3.2 NAME	
STREET ADDRESS	79 MITCHELL D ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINE CITY FL 33844	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/29/99

(407) 518-6886

CR2E034 (1/198)