	PROFIT PROPATION JUAL REPORT 1996		Sandr Secre	PARIMENT OF STATE a B Morthani otary of State F CORPORATIONS		
DOCU I. Corporatio	JMENT # on Name	S06478	(9)			
KISSI	MMEE CAMPGR	OUNDS AND M	OBILE HOME PAI	RK, INC.		
				and a control of the		
2643 ALLIG	ce of Business ATOR LANE FL 34746-2715		Mailing Address 2643 ALLIGATOR LAN KISSIMMEE FL 34746			
					3. Date incorporated or Qualifie 10/15/1990	d 3a. Date of Last Report 04/13/1995
. Principal F	Place of Business	26	a. Mailing Address		4. FEI Number 59-3035862	Applied For
Suite, Apt.	. #, etc.		Suite, Apt. #. etc.		5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & Stat	te	27	City & State		6. Election Campaign Financing	Fee Required
Zip	Cou	untry 28	Zip	Country	Trust Fund Contribution	Added to Fees
	25	29		30	Florida Statutes 🔲 Y	or intangible tax under s. 199.032, √es. ∏No
	9. Name and Ad	dress of Current Reg	jistered Agent	81 Name	10. Name and Address of Nev	Registered Agent
SMYTH	IE, DAVID B.				ddress (P.O. Box Number is Not Accep	(stella)
	LLIGATOR LANE			OZ GUBBO AC	direas (i.i.o. box indiriber is not Accep	ather
V LA ZIE						
. GOOWN	MEE FL 34746			63		
	·			84 City		FL 85 Zip Code
1. Pursuant	to the provisions of Si	ections 607.0502 and 6 the State of Florids Su	507,1508, Florida Statut chichange was authoriz	84 City	poration submits this statement for the page of deadure. Therefore accept the a	<u> </u>
Pursuant or registe familiar w	to the provisions of Si	ections 607.0502 and 6 the State of Florida Su ligations of Section 30	507, 1508, Florida Statul ch change was authori 7,0505, Florid i Statutes	84 City	poration submits this statement for the pourd of directors, thereby accept the ag	ourpose of changing its registered office oppointment as registered agent. I am
Pursuarit or registe familiar w IGNATURE	to the provisions of Si	oligations of Section 60	7.0505, Florida Statutes	84 City	ourd or directors. I hereby ancept the ap	<u> </u>
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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 appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-96 407-376-6851