

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S12447** (6)
1. Corporation Name
PROMOTIONAL VACATIONS, INC.

Principal Place of Business
**407 WHOOPING LOOP LANE
SUITE 1679
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**407 WHOOPING LOOP LANE
SUITE 1679
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business
21 **5401 S. Kirkman Road**
Suite, Apt. #, etc.
22 **Suite 110**
City & State
23 **Orlando, FL**
Zip
24
Country
25 **Orange**
Zip
29
Country
30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1980

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3102152

Applied For
 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 has liability for intangible tax under § 199.032, Florida Statutes
 Yes No

9. Name and Address of Current Registered Agent

**KOSMAS, STEVEN P.
751 THIRD AVENUE
SUITE 1679
NEW SMYRA BEACH FL 32769**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 of present name of registered agent and fee applicant) _____ (Signature of Registered Agent required when substituting) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, NICHOLAS G.	1.2 NAME	
STREET ADDRESS	407 WHOOPING LOOP LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, STEVEN P.	2.2 NAME	
STREET ADDRESS	407 WHOOPING LOOP LANE	2.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	2.4 CITY, ST, ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSMAS, PAUL R.	3.2 NAME	
STREET ADDRESS	407 WHOOPING LOOP LANE	3.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZAR, S. BRANDON	4.2 NAME	Delete - no longer Director or Officer
STREET ADDRESS	407 WHOOPING LOOP LANE	4.3 STREET ADDRESS	
CITY, ST, ZIP	ALTAMONTE SPGS FL	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 a statement with an address.

SIGNATURE: _____ (Signature of Present Name of Registered Agent and Fee Applicant) _____ (Signature of Registered Agent or Director) _____ (Date)
4-12-95 **4-02-95** **407339-1678**