

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

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



Principal Place of Business Mailing Address  
**5401 S. KIRKMAN ROAD #110 ORLANDO FL 32701 US**  
**407 WHOOPING LOOP LANE SUITE 1679 ALTAMONTE SPRINGS FL 32701**

3. Date Incorporated or Qualified **11/14/1990** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business 2a. Mailing Address  
**501 N. WYMORE RD.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**WINTER PARK, FL**  
City & State City & State  
**32789** **US**  
Zip Country Zip Country

4. FEI Number **59-3102152** 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 s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**KOSMAS, STEVEN P. 751 THIRD AVENUE SUITE 16 NEW SMYRNA 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, NICHOLAS G.</b>	1.2 NAME	
STREET ADDRESS	<b>407 WHOOPING LOOP LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, STEVEN P.</b>	2.2 NAME	
STREET ADDRESS	<b>407 WHOOPING LOOP LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSMAS, PAUL R.</b>	3.2 NAME	
STREET ADDRESS	<b>407 WHOOPING LOOP LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ALTAMONTE SPGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

**500001851385** Change  Addition  
**-06/05/96--01018--035**  
**\*\*\*200.00**

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)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: **X Steven P Kosmas** **5-28-91** **407 975-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)