

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90204 023 \*\*\*150.00

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DOCUMENT # S12447

1. Corporation Name  
PROMOTIONAL VACATIONS, INC.

Principal Place of Business  
501 N. WYMORE RD.  
WINTER PARK FL 32789  
US

Mailing Address  
501 N. WYMORE RD.  
WINTER PARK FL 32789  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/14/1990

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

2. Principal Place of Business  
21 7099 N. Atlantic Ave  
Suite, Apt. #, etc.

2a. Mailing Address  
26 7099 N. Atlantic Ave  
Suite, Apt. #, etc.

22 City & State  
23 Cape Canaveral, FL  
Zip Country  
24 32920 25 USA

27 City & State  
28 Cape Canaveral, FL  
Zip Country  
29 32920 30 USA

9. Name and Address of Current Registered Agent

KOSMAS, STEVEN P.  
751 THIRD AVENUE  
SUITE 1679  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	KOSMAS, NICHOLAS G.	751 THIRD AVE	NEW SMYRNA BEACH FL	<input type="checkbox"/>
D	KOSMAS, STEVEN P.	751 THIRD AVE	NEW SMYRNA BEACH FL	<input type="checkbox"/>
P	KOSMAS, PAUL R.	751 THIRD AVE	NEW SMYRNA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)