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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S32132 (0)

1. Corporation Name
SUN N' FUN VACATIONS INCORPORATED



Principal Place of Business

600 N THACKER AVE.
#A20
KISSIMMEE FL 34741

Mailing Address

600 N THACKER AVE.
#A20
KISSIMMEE FL 34741-4885

3. Date Incorporated or Qualified
02/14/1991

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 3501 WEST VINE STREET

2a. Mailing Address

26 3501 WEST VINE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 381

27 SUITE 381

City & State

City & State

23 KISSIMMEE FL

28 KISSIMMEE FL

Zip

Country

Zip

Country

24 34741

25 U.S.A.

29 34741

30 U.S.A.

9. Name and Address of Current Registered Agent

JOHNSON, RODNEY
3113 BEAR PATH
KISSIMMEE FL 34746

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

Sign and type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME JOHNSON, RODNEY A. J.
STREET ADDRESS 3113 BEAR PATH
CITY-ST-ZIP KISSIMMEE FL 34746

☐ DELETE

TITLE DVP
NAME JOHNSON, JACQUELINE E.
STREET ADDRESS 3113 BEAR PATH
CITY-ST-ZIP KISSIMMEE FL 34746

☐ DELETE

TITLE S
NAME JOHNSON, JACQUELINE E.
STREET ADDRESS 3113 BEAR PATH
CITY-ST-ZIP KISSIMMEE FL 34746

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)