

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
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90004 025 ***150.00

DOCUMENT # S58413

1. Corporation Name
HOLIDAY/KAROUSEL, INC.

Principal Place of Business
5175 CHARDONNAY DR.
CORAL SPRINGS FL 33067

Mailing Address
5175 CHARDONNAY DR.
CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1991

4. FEI Number

65-0267422

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 5100 N. Ocean Blvd.
Suite, Apt. # etc.
314

2a. Mailing Address

26 5100 N. Ocean Blvd.
Suite, Apt. # etc.
314

23 City & State

23 Ft. Lauderdale FL
Zip 33308 Country USA

27 City & State

27 Ft. Lauderdale FL
Zip 33308 Country USA

9. Name and Address of Current Registered Agent

FAMIGLIETTA, JOSEPH
5175 CHARDONNAY DR.
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name Joseph Famiglia
82 Street Address (P.O. Box Number is Not Acceptable)
5100 N Ocean Blvd.
83 Suite 314
84 City Ft. Lauderdale FL 85 Zip Code 33308

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 P
NAME FAMIGLIETTA, JOSEPH
STREET ADDRESS 5175 CHARDONNAY DR.
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Famiglia Joseph
1.3 STREET ADDRESS 5100 N Ocean Blvd.
1.4 CITY-ST-ZIP Ft. Lauderdale FL 33308

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: Joseph Famiglia 4/24/99 954-783-6665

CR2E034 (11/98)

0163929