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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S65648 **DOCUMENT #**

(5)

IRON HORSE VACATIONS, INC.

Principal Place of Business

Mailing Address



4368 L.B. MC ORLANDO FI US		4368 L.B. MCLEOD F ORLANDO FL 32811 US	HD		3. Date Incorporated or Qualified 07/12/1991	3a. Date of Last 05/01/	
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	L	Applied For
1		26 4380 L. F	26 4380 L.B. McLeod		59-3077102		Not Applicable
Suite, Apt. #, etc		Scite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required	
City & State		City & State 28 Onlando	FL.		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Ζιρ	Country		8. This corporation has liability for		s 199.032,
24	25	29 32811	30 Orc	inge	1	□ No	
	9. Name and Address of Curren	t Registered Agent		_ <u>J</u>	10. Name and Address of New F	legistered Agent	
			81	Name			
	LS, RAYMOND R		82 Street Address (P.O. Box Nur		ss (P.O. Box Number is Not Acceptab	iber is Not Acceptable)	
	B. MCLEOD						
ORLANI	DO FL 32811		83				
			84	City		FL 85	Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Florich, and accept the obligations of, Sect	dal Such change was authori ion 607,0505, Florida Statute	zed by the corp is.	ooration's board	tion submits this statement for the put of directors. Thereby accept the app	ointment as registor	ed agent Tam
12.	OFFICERS AN		13.	- Carginal Action Const.	ADDITIONS/CHANGES TO OFF		TORS IN 12
TITLE	PD	DELETE	- 1 1 July			Chang	
NAME	TOWELLS, RAYMOND R		1.2 NAME				
STREET ADDRESS	4368 L.B. MCLEOD RD		1.3 STREE	LADDRESS			
CITY - ST - ZIP	ORLANDO FL		1.4 CITY -	ST-ZIP			
TITLE	D	☐ DELETE	2 1 14128			☐ Chang	ge 🔲 Addition
NAME	SCHOEFFER, PETER A.V.		2 2 NAMÉ				
STREET ADDRESS	411 WEST STREET		2.3 STREE	I ADDRESS			
CHTY-ST-ZIP	WEST STOCKBRIDGE MA 0		2 4 CITY -				
TITLE		DECETE	3 1 1/1/15			Chang	ge 🔲 Addition
NAME			3.2 NAME	ľ			
STREET ADDRESS				ET ADDRESS			
CHTY - ST - ZIP		DELETE	3.4 CITY -			Chan	ge
TITLE NAME		El berrie	4 2 NAME				
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP			4 4 City -				
TITLE		DELETE	5 1 7111.6			Chan	ge 🔲 Addition
NAME		-	5.2 NAMe	1			
STREET ADDRESS			5.3 STREE	EL ADDRESS			
CITY-ST-ZIP			5.4 C/TY -	S1 - ZIF			
TITLE		☐ DELETE	6 1 1171.6			Chan	ge Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STHE	ET ADDRESS			
CITY-ST-ZIP		44	6.4 CITY				
14. I do hereb certify that oath; that	Loy certify that the information supprised the information indicated of this at in I am an officenor director of this orion Block 12 or Boot 13 in dianger to	ual rebort de s i voolemental an	rnished and do nual report is t tee en powered	es not quality for rue and accurate	ir the exemption stated in Section 119 e and that my signature shall have the report as required by Chapter 607, F	e same legal e ffect a	as if made.

SIGNATURE: 15

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96 407-426-7091 Date Phone 8