

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S65648** (5)

1. Corporation Name  
**IRON HORSE VACATIONS, INC.**



Principal Place of Business: **4368 L.B. MCLEOD RD ORLANDO FL 32811 US**  
Mailing Address: **4368 L.B. MCLEOD RD ORLANDO FL 32811 US**

3. Date Incorporated or Qualified: **07/12/1991**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**  
Suite, Apt. #, etc: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
2a. Mailing Address: **26** **4380 L.B. McLeod Rd**  
Suite, Apt. #, etc.: **27**  
City & State: **28** **Orlando, FL.**  
Zip: **29** **32811** Country: **30** **Orange**

4. FEI Number: **59-3077102**  
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**

**TOWELS, RAYMOND R  
4368 L.B. MCLEOD  
ORLANDO FL 32811**

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) \_\_\_\_\_ (Name of Registered Agent, signature required when registering) \_\_\_\_\_ (Date)

| 12. OFFICERS AND DIRECTORS |                                  |                                 |
|----------------------------|----------------------------------|---------------------------------|
| TITLE                      | <b>PD</b>                        | <input type="checkbox"/> DELETE |
| NAME                       | <b>TOWELS, RAYMOND R</b>         |                                 |
| STREET ADDRESS             | <b>4368 L.B. MCLEOD RD</b>       |                                 |
| CITY-ST-ZIP                | <b>ORLANDO FL</b>                |                                 |
| TITLE                      | <b>D</b>                         | <input type="checkbox"/> DELETE |
| NAME                       | <b>SCHOEFFER, PETER A.V.</b>     |                                 |
| STREET ADDRESS             | <b>411 WEST STREET</b>           |                                 |
| CITY-ST-ZIP                | <b>WEST STOCKBRIDGE MA 01266</b> |                                 |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |
| NAME                       |                                  |                                 |
| STREET ADDRESS             |                                  |                                 |
| CITY-ST-ZIP                |                                  |                                 |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |
| NAME                       |                                  |                                 |
| STREET ADDRESS             |                                  |                                 |
| CITY-ST-ZIP                |                                  |                                 |
| TITLE                      |                                  | <input type="checkbox"/> DELETE |
| NAME                       |                                  |                                 |
| STREET ADDRESS             |                                  |                                 |
| CITY-ST-ZIP                |                                  |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |   |
|---|--|---|
| 1.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |  |   |
| 1.3 STREET ADDRESS                                    |  |   |
| 1.4 CITY-ST-ZIP                                       |  |   |
| 2.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME  |  |   |
| 2.3 STREET ADDRESS                                    |  |   |
| 2.4 CITY-ST-ZIP                                       |  |   |
| 3.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |  |   |
| 3.3 STREET ADDRESS                                    |  |   |
| 3.4 CITY-ST-ZIP                                       |  |   |
| 4.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |  |   |
| 4.3 STREET ADDRESS                                    |  |   |
| 4.4 CITY-ST-ZIP                                       |  |   |
| 5.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME  |  |   |
| 5.3 STREET ADDRESS                                    |  |   |
| 5.4 CITY-ST-ZIP                                       |  |   |
| 6.1 TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 (change only on attachment) with an address.

SIGNATURE:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-96** Date  
**407-426-7091** Telephone Phone #

CR2E034 (12/95)