

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J07520 (6)**

1. Corporation Name
HOLIDAY VACATIONS, INC.



Principal Place of Business: **1755 N CONGRESS AVE BOYNTON BEACH FL 33426-8205**
Mailing Address: **1755 N CONGRESS AVE BOYNTON BEACH FL 33426-8205**

3. Date Incorporated or Qualified: **04/03/1986** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2653860** Applied For: Not Applicable
5. Certificate of Status Desired: **X** **\$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

2. Principal Place of Business: **21 1100 Linton Blvd**
Suite, Apt. #, etc: **22 Suite C-9**
City & State: **23 Delray Beach FL**
Zip: **24 33444** Country: **25**
2a. Mailing Address: **26 P.O. Box 4727**
Suite, Apt. #, etc: **27**
City & State: **28 Portsmouth NH**
Zip: **29 03802** Country: **30**

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

**CRITCHFIELD, RICHARD H.
1745 CONGRESS AVE.
BOYNTON BCH. FL 33426**

81 Name: **CRITCHFIELD, RICHARD H.**
82 Street Address (P.O. Box Number is Not Acceptable): **1745 CONGRESS AVE.**
83 City: **BOYNTON BCH.** 85 Zip Code: **FL 33426**
84 City: **Delray Beach** 85 Zip Code: **FL 33444**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BERGER, ANDREW	
STREET ADDRESS	1755 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRITCHFIELD, RICHARD	
STREET ADDRESS	1745 N. CONGRESS AVE.	
CITY - ST - ZIP	BOYNTON BCH. FL	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Berger, Andrew	
1.3 STREET ADDRESS	1100 Linton Blvd Ste C-9	
1.4 CITY - ST - ZIP	Delray Beach FL 33444	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Critchfield, Richard	
2.3 STREET ADDRESS	1100 Linton Blvd Ste C-4	
2.4 CITY - ST - ZIP	Delray Beach FL 33444	
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 if changed, or on an attachment with an address.

SIGNATURE: **Mark Walsh** DATE: **4/29/96** DISTRICT PHONE #: **407 279 9900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MARK WALSH**

CR2E034 (12/95)