FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # J07520   (6)

1. Corporation Name

HOLIDAY VACATIONS, INC.

Principal Place of Business

1100 LINTON BLVD
SUITE C9
DELRAY BEACH FL 33444
US

Mailing Address

P O BOX 4727
PORTSMOUTH NH 03802-4727
US

3. Date Incorporated or Qualified	3a. Date of Last Report
04/03/1986	05/01/1996

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number 59-2653860	Applied For / Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CRITCHFIELD, RICHARD H.
1100 LINTON BLVD SUITE C9
DELRAY BEACH FL 33444

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.   (NOTE Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERGER, ANDREW		1.2 NAME		
STREET ADDRESS	1100 LINTON BLVD STE C9		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRITCHFIELD, RICHARD		2.2 NAME		
STREET ADDRESS	1100 LINTON BLVD STE C4		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33444		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ ANDREW BERGER   4-18-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

0496931