## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

1000 MARKET ST

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Reckerine Harris**

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J07520

HOLIDAY VACATIONS, INC.

Principal Place of Business

1100 LINTON BLVD

## FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90013 010 \*\*\*150.00



DELRAY BEACH FL 33444		PORTSMOUTH NH 03801				DO NOT WRITE IN THIS SPACE			
IS		US				3. Date Incorporated or Qualifed			
,0						04/03/1986		ļ	
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For	
	doo of Basingss	26				59-2653860		t Applicable	
Suite, Apt.	# etc		Suite, Apt. #, etc.				\$8.75 Additional		
. i	<del>  1</del>	no, ript 11, 50.			I E Contituate of Ctatus Desired	Fee Re			
1		City & State	City & State			6 Flooring Comparing Financing	5 00	May Be	
¬ * · · · · · · · · · · · · · · · · · ·						1 - 11 ,	1 <b>3.00</b> Added 1	•	
3		Zip Country					<u> </u>	O rees	
Zip –₁	Country	<b>├</b> ─¬				8. This corporation owes the current year Intangible  Personal Property Tax  Yes			
4	25 29 3					1 orgonal i roporty ram			
	9. Name and Address of Current	Registered Agent		041	Mana	10. Name and Address of New Registered Agen			
				81	Name ·			ł	
	CHFIELD, RICHARD H.		82 Street Addr			dress (P.O. Box Number is Not Acceptable)			
1100	LINTON BLVD SUITE C9		02 Street Add						
DELF	RAY BEACH FL 33444			83					
				84	City	FL  85	Zip	Code	
		7.007.4500 51-71-00-1		ليا		• - 1	ning its	registered	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	i Florida. Such change was a	autnonze	עם ב	ine corporatio	oration submits this statement for the purpose of chan in's board of directors. I hereby accept the appointmen	nt as re	gistered	
SIGNATURE									
	Signature, typed or printed name of registered agent a				l signature required		DECTO	DC IN 12	8
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DI			CR2E034 (11/98)
TITLE	P	OELETE	1.1 T)	TLE	ĺ	Li'	Change	Addition	5
NAME	BERGER, ANDREW	iger, andrew		1.2 NAME				- 1	8
STREET ADDRESS	1100 LINTON BLVD STE C9		1.3 \$	1.3 STREET ADDRESS				i	ய
CITY-ST-ZIP	DELRAY BEACH FL		1.4 C	1.4 CITY-ST-ZIP					꼾
TITLE	S			2.1 TITLE			Change	☐ Addition	$\overline{\circ}$
1	<b>-</b> ·		22 N	2.2 NAME				[	
NAME	CRITCHFIELD, RICHARD							)	
STREET ADDRESS	1100 LINTON BLVD STE C4			2.3 STREET ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL		_	2.4 CITY-ST-ZIP			Change	Addition	
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NAME			3.2 N	AME				ſ	
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CITY-ST-ZIP			3.4. (	ITY-S	T- ZIP				
TITLE		☐ OELETE	4.1 ₹				Change	☐ Addition	
NAME			4,21	VAME				Ì	
			1		ADDRESS			í	
STREET ADDRESS					1			ļ	
CITY-ST-ZIP		DELETE		ITY-S	1-219		Change	Addition	
TITLE		□ nere ie	5.1 T		}	J	J., L., 190		
NAME			5.2 N						
STREET ADDRESS	İ		5.3 S	TREET	ADDRESS			ĺ	
CITY-ST-ZIP	ļ			ITY-\$	r-zip				ļ
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NAME	}		5.2 N	LAME	}			ĺ	
			6.3 S	TREET	ADDRESS				
STREET ADDRESS	{			iTY-S	ì			1	
CITY-ST-ZIP	L		0.40	3		2 - U 440 07/0V/) Florido Statuton I further portifu ti	at the	ntormation	

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 informatic 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4/10/99 603 559210