61.25

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

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May 13 1998 8:00am
Secretary of State

NON PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N94000001880

1. Corporation Name
FLORIDA VACATION RENTAL MANAGERS ASSN INC.

Principal Place of Business | Mailing Address

700002524127
-05/14/98--01104--047
***61.25
DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04-15-94

2. Principal Place of Business	2a. Mailing Address
21 222 S Westmonte Dr	26 P.O. Box 150127
22 Suite, Apt. #, etc. Ste 101	27 Suite, Apt. #, etc.
23 City & State Altamonte Springs FL	28 City & State Altamonte Springs FL
24 Zip 32714 / 25 Country USA	29 Zip 32715 / 30 Country 32715

4. FEI Number: 59-3255457 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Cheatham, Gene
82 Street Address (P.O. Box Number is Not Acceptable): 222 S Westmonte Drive
83: Ste 101
84 City: Altamonte Springs FL 85 Zip Code: 32714

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] Gene Cheatham 05-01-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition: P; Williams, Allen; 1648 Periwinkle Way; ~~Sanibel FL 33957~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition: D; Craul, Bruce; 35000 Emerald Coast; Destin FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition: STD; Brooks, Candee Jones; 9521 S ORange Blossom Tr; Orlando FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition: D; Moody, Gene; 701 Caroline St; Key West FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition: D; Howie, R Brenton; 1700 McMullen Booth Rd, B-5; Clearwater FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☒ Addition: D; Cheatham, Gene; 222 S Westmonte Drive Ste 101; Altamonte Springs FL

CR2E034 (10/97)

14. 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 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: [signature] GENE CHEATHAM 05-01-98 (407)7747880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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