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**Feb 04 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000028368 (6)

1. Corporation Name
PROFESSIONAL VACATIONS, INC.



Principal Place of Business
**1651 SW 32 CT
MIAMI FL 33145**

Mailing Address
**1651 SW 32 CT
MIAMI FL 33145-1831**

3. Date Incorporated or Qualified **04/11/1994** 3a. Date of Last Report **05/23/1996**

2. Principal Place of Business
21 **3508 UNIVERSITY DRIVE**
Suite, Apt. #, etc.
22
City & State
23 **DAVIE, FLORIDA**
Zip
24 **33314** Country
25 **DAVIE**

2a. Mailing Address
26 **10101 E. BAY HARBOR DRIVE**
Suite, Apt. #, etc.
27 **505**
City & State
28 **BAY HARBOR ISLANDS, FLORIDA**
Zip
29 **33154** Country
30 **DADE**

4. FEI Number **65-0484987** 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
**COOPER, THOMAS P
5000 NW 36 ST
SUITE 125
MIAMI FL 33168**

10. Name and Address of New Registered Agent
81 Name **George J. Blustein, esq.**
82 Street Address (P.O. Box Number is Not Acceptable)
20801 Biscayne Blvd. Ste. 501
83
84 City **North Miami Beach** FL 85 Zip Code **33180**

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]* (NOTE: Registered Agent signature required when reinstating) DATE: **1/22/97**

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, BETSY	
STREET ADDRESS	1651 SW 32 CT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, WILHELM A	
STREET ADDRESS	1651 SW 32 CT	
CITY-ST-ZIP	MIAMI FL 33145	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUISE FELLER	
1.3 STREET ADDRESS	12250 N W 5th ST.	
1.4 CITY-ST-ZIP	PLANTATION, FL. 33325	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GUNTHER MEYER	
2.3 STREET ADDRESS	10101 EAST BAY HARBOR DR. Apt. 505	
2.4 CITY-ST-ZIP	BAY HARBOR ISLANDS, FL 33154	
3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WENDY H. COHEN	
3.3 STREET ADDRESS	10180 SW 1st COURT	
3.4 CITY-ST-ZIP	PLANTATION, FL. 33324	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETSY MEYER	
4.3 STREET ADDRESS	1651 SW 32 CT.	
4.4 CITY-ST-ZIP	MIAMI, FL 33145	
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 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]* DATE: **1/27/97** Daytime Phone #: **(305) 864-6001**

CR2E034 (9/96)