

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

FILED

**Apr 27 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000028368 (6)
1. Corporation Name
PROFESSIONAL VACATIONS, INC.



Principal Place of Business: 3508 UNIVERSITY DR, DAVIE FL 33114, US
Mailing Address: 10101 E. BAY HARBOR DR, SUITE 505, BAYHARBOR ISLAND FL 33154, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 3508 University Dr
22 Suite, Apt. #, etc.
23 DAVIE, FLORIDA
24 33328 25 USA

2a. Mailing Address
26 3508 University Dr.
27 Suite, Apt. #, etc.
28 DAVIE, FLORIDA
29 33328 30 USA

3. Date Incorporated or Qualified: 04/11/1994
4. FEI Number: 65-0484987
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
BLUTSTEIN, GEORGE J EQ
20801 BISCAYNE BLVD
SUITE 501
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent
81 Name: LOUISE FELLER
82 Street Address (P.O. Box Number is Not Acceptable): 3508 S. UNIVERSITY DRIVE
83
84 City: DAVIE FL 85 Zip Code: 33328

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: *Louise Feller* DATE: 4/20/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FELLER, LOUISE	
STREET ADDRESS	12250 NW 5TH ST	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEYER, GUNTHER	
STREET ADDRESS	10101 EAST BAY HARBOR DR APT 505	
CITY-ST-ZIP	BAYHARBOR ISLAND FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	COHEN, WENDY H	
STREET ADDRESS	10180 SW 1 COURT	
CITY-ST-ZIP	PLANTATION FL	
TITLE	Y	<input type="checkbox"/> DELETE
NAME	MEYER, BETSY	
STREET ADDRESS	1651 SW 32 CT	
CITY-ST-ZIP	MIAMI FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: *RAD* *1/1/12*

CR2E034 (10/97)