

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

0284350

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



APPROVED AND FILED
 99 MAR 26 PM 2:07

DOCUMENT # P94000083506

1. Corporation Name
BERKLEY VACATION RESORTS, INC.

Principal Place of Business
**3015 N OCEAN BLVD
 STE 121
 FT LAUDERDALE FL 33308
 US**

Mailing Address
**3015 N OCEAN BLVD
 STE 121
 FT LAUDERDALE FL 33308
 US**

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business
 21 Suite, Apt #, etc
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt #, etc
 27 City & State
 28 Zip Country
 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/16/1994

4. FEI Number
65-0547929 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 the current year Intangible Personal Property Tax Yes No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FOSTER, REBECCA A
 3015 N OCEAN BLVD
 #121
 FT LAUDERDALE FL 33308**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 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 _____ (NOTE: Registered Agent's signature required when applicable) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, JAMES E	12 NAME	
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	13 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	14 CITY-ST-ZIP	
TITLE	PSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, REBECCA A	22 NAME	
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	23 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDAU, MARC	32 NAME	
STREET ADDRESS	3015 N OCEAN BLVD SUITE 121	33 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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VPD
 OTTAWA, J.P.
 3015 N OCEAN BLVD #121
 Ft Lauderdale, FLA 33308

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered

SIGNATURE: Rebecca A. Foster 2/15/99 954-563-2444
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)