

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 648161 (8)

1. Corporation Name  
**VACATION EQUITIES, INC.**



Principal Place of Business: 2509 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-3104  
Mailing Address: 2509 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228-3104

3. Date Incorporated or Qualified: 12/13/1979  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-1960696  
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

2. Principal Place of Business: 21 Suite, Apt. # etc: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**MESHAD, JOHN W.  
1900 RINGLING BLVD  
SARASOTA FL**

10. Name and Address of New Registered Agent  
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: \_\_\_\_\_ (Name of registered agent and title if applicable) (FULL Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KLAUBER, MURRAY J	
STREET ADDRESS	1820 GULF OF MEXICO DR.	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	LYNN, MICHAEL	
STREET ADDRESS	7300 GULF OF MEXICO DR	
CITY - ST - ZIP	LONGBOAT KEY FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	COLLINGWOOD, C.G.	
STREET ADDRESS	259 CEDAR PARK CIRCLE	
CITY - ST - ZIP	SIESTA KEY FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EISEMAN, SAUL	
STREET ADDRESS	61 S BLVD OF PRESIDENTS	
CITY - ST - ZIP	SARASOTA 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

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Michael Saunders	
23 STREET ADDRESS	7300 Gulf of Mexico Dr	
24 CITY - ST - ZIP	Longboat Key, Florida	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	500001869185	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	-06/20/96--01029--024	
63 STREET ADDRESS	***225.00	
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Saul Eisenman* 4/10/96 951-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)