

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

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99 FEB 15 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 648161

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified	Applied For
12/13/1979	Not Applicable
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 owes the current year Intangible Personal Property Tax	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	81 Name
MESHAD, JOHN W. 1800 RINGLING BLVD SARASOTA FL	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

10. Name and Address of New Registered Agent

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 signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13.
TITLE	DVP	1.1 TITLE
NAME	KLAUBER, MURRAY J	1.2 NAME
STREET ADDRESS	1620 GULF OF MEXICO DR.	1.3 STREET ADDRESS
CITY-ST-ZIP	LONGBOAT KEY FL	1.4 CITY-ST-ZIP
TITLE	DP	2.1 TITLE
NAME	SAUNDERS, MICHAEL	2.2 NAME
STREET ADDRESS	7300 GULF OF MEXICO DR	2.3 STREET ADDRESS
CITY-ST-ZIP	LONGBOAT KEY FL	2.4 CITY-ST-ZIP
TITLE	DS	3.1 TITLE
NAME	COLLINGWOOD, C.G.	3.2 NAME
STREET ADDRESS	250 CEDAR PARK CIRCLE	3.3 STREET ADDRESS
CITY-ST-ZIP	SIESTA KEY FL	3.4 CITY-ST-ZIP
TITLE	T	4.1 TITLE
NAME	EISEMAN, SAUL	4.2 NAME
STREET ADDRESS	61 S BLVD OF PRESIDENTS	4.3 STREET ADDRESS
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
DP	Saunders, Michael
	1801 Main Street
	Sarasota, FL 34236
600002778316--0	
-02/17/99--01067--010	
****158.75 ****158.75	
2-15-99	

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, with all other like empowered.

SIGNATURE: Michael Saunders 02-11-99