

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999

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

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

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

3. Date Incorporated or Qualified: 12/13/1979

4. FEI Number: 59-1960696 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

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
84 City
85 Zip Code: FL

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

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KLAUBER, MURRAY J	
STREET ADDRESS	1620 GULF OF MEXICO DR.	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	SAUNDERS, 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

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME: DP Saunders, Michael

2.3 STREET ADDRESS: 1801 Main Street

2.4 CITY-ST-ZIP: Sarasota, FL 34236

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS: 600002778316--0

3.4 CITY-ST-ZIP: -02/17/99--01067--010

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS: ****158.75 ****158.75

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Handwritten signature and date: 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

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CR2E034 (11/98)