FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
95 MAY 10 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F22533** **(6)**

1. Corporation Name
VACATION INN REALTY, INC.

Principal Place of Business
6566 N MILITARY TRAIL
W PALM BCH FL 33407

Mailing Address
6566 N MILITARY TRAIL
W PALM BCH FL 33407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1981
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2074227 ☐ 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 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

POISSON, ARTHUR J
6566 N. MILITARY TR.
W. PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name: THOMAS G. LUMBRA, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 6566 N. MILITARY TRAIL
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33407

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 [signature] THOMAS G. LUMBRA, JR, PRESIDENT 5-5-95

12. OFFICERS AND DIRECTORS	
TITLE	VPD
NAME	POISSON, SUSAN E.
STREET ADDRESS	711 NORTH COUNTY RD
CITY-ST-ZIP	PALM BCH FL
TITLE	DP
NAME	POISSON, ARTHUR J
STREET ADDRESS	711 NORTH COUNTY RD
CITY-ST-ZIP	PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	[X] Change ☐ Addition
NAME	THOMAS G. LUMBRA, JR.	
STREET ADDRESS	115 TIMBER RUN W.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	
TITLE	VPD	[X] Change ☐ Addition
NAME	SUSAN E. DOLLAR	
STREET ADDRESS	314 N. LAKE AVENUE	
CITY-ST-ZIP	TROY, NY 12180	
TITLE	S	☐ Change [X] Addition
NAME	JUDITH McCALLUM	
STREET ADDRESS	3682 VICTORIA DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(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: [signature] THOMAS G. LUMBRA, JR., PRESIDENT 5/5/95 407-848-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0247038 CP