

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F61632 (8)

1. Corporation Name
VIP HOTEL REPRESENTATIVES, INC.

Principal Place of Business

11440 US HWY ONE
1720 HARRISON STREET, SUITE 1800
PALM BCH GDNS FL 33408
US

Mailing Address

PO BOX 33088
1720 HARRISON STREET, SUITE 1800
PALM BCH GDNS FL 33420-3088
US

2. Principal Place of Business

21 11440 US HWY ONE

Suite, Apt. #, etc.

22

City & State

23 PALM BEACH GARDENS, FL

Zip

24 33408

Country

25 Palm Bch

2a. Mailing Address

26 P.O. Box 33088

Suite, Apt. #, etc.

27

City & State

28 PALM BEACH GARDENS, FL

Zip

29 33408

Country

30 Palm Bch

3. Date Incorporated or Qualified

01/13/1982

3a. Date of Last Report

04/16/1996

4. FEI Number

59-2155859

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

9. Name and Address of Current Registered Agent

KOFFLER, WARREN W
11440 US HWY ONE
PALM BCH GDSN FL 33408

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KOFFLER, WARREN W
STREET ADDRESS 11440 US HWY ONE
CITY-ST-ZIP PALM BCH GDSN FL

☐ DELETE

TITLE D
NAME KOFFLER, JAYNE
STREET ADDRESS 11440 US HWY ONE
CITY-ST-ZIP PALM BCH GDNS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

14. I do 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.

SIGNATURE

11-8-97 11/19/1115

FILED
Apr 14 1997 8:00am
Secretary of State



CR2E034 (9/96)