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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F92000000720 (4)

1. Corporation Name
VACATION PROPERTIES, INC.



Principal Place of Business

ONE MELLON BANK CENTER, SUITE 4850
PITTSBURGH PA 15258-0001

Mailing Address

ONE MELLON BANK CENTER
SUITE 772
PITTSBURGH PA 15258-0001
US

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

62-1306912

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP

PCD
HOLL, RICHARD L
ONE MELLON BANK CENTER, ROOM 4850
PITTSBURGH PA 15258

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
TAYLOR, S. LYNN
RM 2945 ONE MELLON BANK CENTER
PITTSBURGH PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
RADOCAJ, ROBERT
ONE MELLON BANK CENTER, ROOM 2945
PITTSBURGH PA 15258

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S
WHITEMAN, BARBARA J
ONE MELLON BANK CENTER, ROOM 1820
PITTSBURGH PA 15258

TITLE NAME STREET ADDRESS CITY-ST-ZIP

AT
LANSINGER, MARK P
ONE MELLON BANK CENTER, ROOM 772
PITTSBURGH PA

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP

Pittsburgh, PA 15258-0001

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP

One mellon Bank Center, Room 740
Pittsburgh, PA 15258-0001

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP

Pittsburgh, PA 15258-0001

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

Pittsburgh, PA 15258-0001

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

Pittsburgh, PA 15258-0001

6.1 TITLE 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: Mark P. Lansinger 4/22/97 412-234-6083

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/96)