

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/15/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 62-1306912	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLL, RICHARD L	1.2 NAME	Sherman L. White
STREET ADDRESS	ONE MELLON BANK CENTER, ROOM 4850	1.3 STREET ADDRESS	One Mellon Bank Center, Room 1535
CITY - ST - ZIP	PITTSBURGH PA	1.4 CITY - ST - ZIP	15258-0001
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, S. LYNN	2.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER, ROOM 740	2.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	2.4 CITY - ST - ZIP	15258-0001
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADOCAJ, ROBERT	3.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER, ROOM 2945	3.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	3.4 CITY - ST - ZIP	15258-0001
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEMAN, BARBARA J	4.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER, ROOM 1820	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15258	4.4 CITY - ST - ZIP	15258-0001
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSINGER, MARK P	5.2 NAME	
STREET ADDRESS	ONE MELLON BANK CENTER, ROOM 772	5.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA	5.4 CITY - ST - ZIP	15258-0001
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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.

SIGNATURE

Mark P. Lansinger

1/16/98 4/12-234-1692

CH2E034 (10/97)