

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **G07281** (0)  
1. Corporation Name  
**VACATION INN PROPERTIES, 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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/04/1982</b>		3a. Date of Last Report <b>03/20/1995</b>	
21		26		4. FEI Number <b>59-2233109</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

## 9. Name and Address of Current Registered Agent

**LUMBRA, THOMAS G. JR.  
6566 N. MILITARY TRAIL  
W. PALM BCH. FL 33407**

## 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

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S</b>	1.2 NAME	
STREET ADDRESS	<b>MEGRATH, BRYAN</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>6566 N MILITARY TRAIL W PALM BCH FL</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DP</b>	2.2 NAME	
STREET ADDRESS	<b>LUMBRA, THOMAS G JR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>115 TIMBER RUN WEST W PALM BCH, FL 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD</b>	3.2 NAME	
STREET ADDRESS	<b>POISSON, MARY LOUISE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>711 N. COUNTY ROAD PALM BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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)(k), 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:

*Thomas G. Lumbra Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Thomas G. Lumbra Jr.**

**4-30-96**  
Date

**407-848-6577**  
Daytime Phone #

CR2E034 (12/95)