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Feb 11 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 # **G12988**

(3)

1. Corporation Name:

PARADISE VACATIONS, INC.

Principal Place of Business

**3000 HART AVE
KISSIMEE FL 34746**

Mailing Address

**P.O. BOX 22193
LAKE BUENA VISTA FL 32830-2193**

3. Date Incorporated or Qualified

12/07/1982

3a. Date of Last Report

02/20/1996

4. FEI Number

59-2293902

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WARD, CRAIG B.
105 E ROBINSON ST
STE 501
ORLANDO FL 32801**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DICE, CLAYNE W.	
STREET ADDRESS	1301 KELSO BLVD	
CITY - ST - ZIP	WINDERMERE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROSE, DONALD L.	
STREET ADDRESS	7449 MEGAN ELLISA	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AVERITT, CARL G.	
STREET ADDRESS	RT 23 BOX 183	
CITY - ST - ZIP	FAYETTEVILLE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAROLA, CAROL A.	
STREET ADDRESS	50769 BOWER CT	
CITY - ST - ZIP	NEW BALTIMORE MI	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PLOUTZ, JAMES	
STREET ADDRESS	4165 N MEADOW CIR	
CITY - ST - ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DICE, CLAYNE, W.	
1.3 STREET ADDRESS	159 BISMARCK COURT	
1.4 CITY - ST - ZIP	OCOREE, FL. 34761	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PLAUTZ, JAMES	
5.3 STREET ADDRESS	4165 N. MEADOW CIRCLE	
5.4 CITY - ST - ZIP	TAMPA, FL. 33624	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAM BACARELLA	
6.3 STREET ADDRESS	716 HOLLYWOOD DR.	
6.4 CITY - ST - ZIP	MONROE, MI. 48161	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)