FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:59

DOCUMENT # G46446 (2)

1. Corporation Name
LIFETIME OF VACATIONS MANAGEMENT CO., INC.

Principal Place of Business	Mailing Address
U. S. 192 WEST 7770 W IRLO BRONSON MEM. HWY KISSIMMEE FL 34746	U. S. 192 WEST 7770 W IRLO BRONSON MEM. HWY KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/28/1983
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2303567 ☐ 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

MCCOY, LEONARD
6499 BRANDON DR.
PALM BCH GRDNS FL 33410

10. Name and Address of New Registered Agent

81 Name: MCCOY LEONARD
82 Street Address (P.O. Box Number is Not Acceptable): 8306 BOB-O-LINK DR
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33412

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: Leonard F. McCoy (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 2/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	MCCOY, LEONARD	12 NAME	MCCOY, LEONARD	
STREET ADDRESS	6499 BRANDON DRIVE	13 STREET ADDRESS	8306 BOB-O-LINK DR	
CITY-ST-ZIP	PALM BCH GRDS, FL 00000	14 CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE	STD	21 TITLE		☐ Change ☐ Addition
NAME	MCCOY, JOSEPH	22 NAME		
STREET ADDRESS	2800 BRYANT RD.	23 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP		
TITLE	V	31 TITLE	NO LONGER V	☑ Change ☐ Addition
NAME	VARNEY,RALPH W.E. JR.	32 NAME	VARNEY, RALPH WE JR	
STREET ADDRESS	1025 DOVE RUN STE 109	33 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Leonard F. McCoy 2/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER (Date) (Title if any)

0970030 CP