

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 # H29846 (3)

1. Corporation Name

AMERICAN VACATION PREMIUMS INC.



Principal Place of Business

Mailing Address

11440 OKEECHOBEE BLVD
SUITE 202
ROYAL PALM BEACH FL 33411

11440 OKEECHOBEE BLVD
SUITE 202
ROYAL PALM BEACH FL 33411

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
02/01/1995

2. Principal Place of Business

2a. Mailing Address

21 13860-12 Wellington Tr.

26

4. FEI Number

59-2464024

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #504

27

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

City & State

City & State

23 Wellington, FL

28

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33414

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILKINSON, WAYNE D.
11440 OKEECHOBEE BLVD
#202
ROYAL PALM BEACH FL 33411

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

13860-12 Wellington Trace #504

83

84 City

Wellington

FL

85 Zip Code

33414

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 P
NAME WILKINSON, WAYNE D.
STREET ADDRESS 11440 OKEECHOBEE BLVD 202
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE V
NAME WILKINSON, MARK
STREET ADDRESS 11440 OKEECHOBEE BLVD 202
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE ST
NAME KELLEY, LAURIE
STREET ADDRESS 11440 OKEECHOBEE BLVD 202
CITY-ST-ZIP ROYAL PALM BEACH FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Laurie Kelley 4-17-96 407 9166-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)