

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H48562 (3)

1. Corporation Name

VACATION SYSTEMS INTERNATIONAL, INC.

Principal Place of Business

10344 66TH STREET NORTH
PINELLAS PARK FL 34666

Mailing Address

10344 66TH STREET NORTH
PINELLAS PARK FL 34666



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
03/22/1985

3a. Date of Last Report
05/31/1995

4. FEI Number

10-5909236

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

10. Name and Address of New Registered Agent

~~WALSH, JACK~~
~~1135 PASADENA AVE. S.~~
~~ST. PETERSBURG FL 33707~~

81 Name

JANA LEE A KLIMEK

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

10344 66 St N

83

84 City

Pinellas Park

FL

85 Zip Code

34666

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

Jana Lee A. Klimek

Signature of Registered Agent (Required when changing registered agent)

Signature of Registered Agent (Required when changing registered agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
WALSH, JACK
2. STREET ADDRESS
5880 66TH STREET, NORTH
3. CITY - ST - ZIP
ST. PETERSBURG FL



4. TITLE
NAME
5. STREET ADDRESS
6. CITY - ST - ZIP



7. TITLE
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98. STREET ADDRESS
99. CITY - ST - ZIP



SIGNATURE: Jana Lee Klimek

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 14, 1996

DATE

DATE OF FILING

CR2E034 (12/95)