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 APR -4 PM 7:11

DOCUMENT # **J34894** **(2)**

1. Corporation Name

VACATION TRAVEL CLUB OF AMERICA, INC.

Principal Place of Business	Mailing Address
% HARRY C. POWELL, JR. 1100 WEST HOMESTEAD ROAD LEIGH ACRES FL 33936	% HARRY C. POWELL, JR. 1100 WEST HOMESTEAD ROAD LEIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/22/1986
3a. Date of Last Report: 09/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.: 1100 Homestead Rd N	27 Suite, Apt. #, etc.: 1100 Homestead Rd N
23 City & State: Lehigh Acres FL	28 City & State: Lehigh Acres FL
24 Zip: 33936 25 Country: USA	29 Zip: 33936 30 Country: USA

4. FEI Number: 59-2816629 ☐ 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
POWELL, HARRY C. JR. 1100 WEST HOMESTEAD ROAD LEIGH ACRES FL 33936	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1100 Homestead Rd N 83 84 City: Lehigh Acres FL 85 Zip Code: 33936

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	☒ Change ☐ Addition	
NAME	POWELL, HARRY C., JR.	12 NAME	1100 Homestead Rd N	
STREET ADDRESS	1100 WEST HOMESTEAD ROAD	13 STREET ADDRESS	Lehigh Acres, FL 33936	
CITY-ST-ZIP	LEIGH ACRES FL	14 CITY-ST-ZIP		
TITLE	V	21 TITLE	☒ Change ☐ Addition	
NAME	GOFF, DAVID E.	22 NAME	1100 Homestead Rd N	
STREET ADDRESS	1101 WEST HOMESTEAD ROAD	23 STREET ADDRESS	Lehigh Acres, FL 33936	
CITY-ST-ZIP	LEIGH ACRES FL	24 CITY-ST-ZIP		
TITLE	S	31 TITLE	☒ Change ☐ Addition	
NAME	ANGLICKIS, RUTH A.	32 NAME	1100 Homestead Rd N	
STREET ADDRESS	1101 WEST HOMESTEAD ROAD	33 STREET ADDRESS	Lehigh Acres, FL 33936	
CITY-ST-ZIP	LEIGH ACRES FL	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)(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: H C Powell 3/30/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0334700 CP