

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED  
AND  
FILED

1997 SEP -3 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J34894 (2)  
1. Corporation Name  
VACATION TRAVEL CLUB OF AMERICA, INC.



Principal Place of Business  
% HARRY C. POWELL, JR.  
1100 HOMESTEAD RD N  
LEHIGH ACRES FL 33936  
US

Mailing Address  
% HARRY C. POWELL, JR.  
1100 HOMESTEAD RD N  
LEHIGH ACRES FL 33936  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
09/22/1986

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2816629

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

POWELL, HARRY C. JR.  
1100 HOMESTEAD RD N  
LEIGH ACRES FL 33936

10. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	POWELL, HARRY C., JR.	1100 HOMESTEAD RD N	LEIGH ACRES FL	<input type="checkbox"/>
V	GOFF, DAVID E.	1100 HOMESTEAD RD N	LEIGH ACRES FL	<input type="checkbox"/>
S	ANGLICKIS, RUTH A.	1100 HOMESTEAD RD N	LEIGH ACRES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
7000002284500	-09/04/97--01046--004	****165.00	****165.00	<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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]*

8.21.97 941.319.5848

CR02E034 (4/97)

(2)

## BOWERS ACCOUNTING AND TAX SERVICE

ROBERT L. BOWERS  
205 JOEL BLVD SUITE 110  
P.O. BOX 159  
LEHIGH ACRES, FLORIDA 33970-0159

Telephone 941-368-4833 OR 941-368-1505  
Fax 941-368-4834

AUGUST 25, 1997

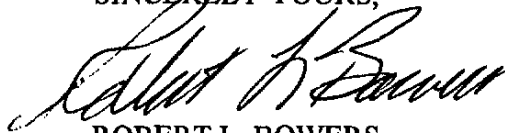
TO: THE FLORIDA DEPARTMENT OF STATE

RE: ANNUAL REPORT FOR VACATION TRAVEL CLUB OF AMERICA, INC.

DEAR SIRs:

I AM CONTROLLER FOR THE ABOVE NAMED CORPORATION AND HAVE RECEIVED A SECOND NOTICE ON THE FILING OF THEIR ANNUAL REPORT. WE HAVE RESEARCHED THIS AND DISCOVERED THAT THE CHECK HAS NOT CLEARED THE BANK NOR HAS THE REPORT BEEN RETURNED TO US IN THE MAIL. WE ARE AT A LOSS AS TO THE WHEREABOUTS OF THIS ITEM. WE HAVE ISSUED A REPLACEMENT CHECK WITH THE COMPLETED SECOND NOTICE AND THE COPIES OF THE ORIGINAL REPORT AND CHECK PER OUR PHONE CALL TO THE DEPARTMENT OF STATE ON AUGUST 25, 1997. THANK YOU FOR YOUR ANTICIPATED CONSIDERATION OF THIS MATTER.

SINCERELY YOURS,



ROBERT L. BOWERS  
CONTROLLER

VACATION TRAVEL CLUB OF AMERICA, INC.