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

APPROVED AND FILED
96 MAY 1 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K16505 (5)

1. Corporation Name
VACATION STATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2424 N. ATLANTIC AVENUE<br>DAYTONA BEACH FL 32118<br>US | 2424 N. ATLANTIC AVENUE<br>DAYTONA BEACH FL 32118<br>US |

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 07/11/1995

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 P.O. Box 265174 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 Daytona Beach, FL |
| 24 Zip / 25 Country | 29 32126-5174 / 30 US |

4. FEI Number: 59-2883723 ☐ 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

KANDEL, PAULA M.
595 N. NOVA ROAD, SUITE 112
ORMOND BEACH FL 32174

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 _____ 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 (FL 12) | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>O'CONNOR, DANIEL<br>747 TARRYTOWN TRAIL<br>PORT ORANGE FL | ☒ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | P<br>BIDDLE, MARY<br>6718 FAIRWAY COVE DR<br>ORLANDO, FL 32835 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DVPT<br>KANDEL, MARTIN M.<br>21 RIVER RIDGE TRL.<br>ORMAOND BEACH FL | ☒ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DSVP<br>SCHLOSSBERG, STEVE<br>9 WATERBERRY CIRCLE<br>ORMOND BEACH, FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>COLTELLI, LARRY<br>TALAQUAH BLVD.<br>ORMOND BEACH FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | D<br>KANDEL, MARTIN M.<br>21 RIVER RIDGE TRAIL<br>ORMOND BEACH, FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | D<br>COLTELLI, LARRY<br>10 TALAQUAH BLVD<br>ORMOND BEACH, FL 32174 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | 600001838726<br>-05/03/96-01034-006<br>****200.00 ****200.00 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** Steve Schlossberg 05/17/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #