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May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K16505** **(5)**

1. Corporation Name
VACATION STATION, INC.

Principal Place of Business	Mailing Address
2424 N. ATLANTIC AVENUE DAYTONA BEACH FL 32118 US	P.O. BOX 265174 DAYTONA BEACH FL 32126-5174 US

3. Date Incorporated or Qualified: 02/22/1988
3a. Date of Last Report: 05/01/1996
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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: Paula M. Kandel PAULA M. KANDEL 4/18/97
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	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BIDDLE, MARY		1.2 NAME		
STREET ADDRESS	6718 FAIRWAY COVE DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		1.4 CITY-ST-ZIP		
TITLE	DSV	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	~~SCHLOSBERG~~, STEVE		2.2 NAME	Schlossberg, Steve	
STREET ADDRESS	~~X~~ WATERBERRY CIRCLE		2.3 STREET ADDRESS	9 Waterberry Circle	
CITY-ST-ZIP	ORMOND BEACH FL 32174		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KANDEL, MARTIN M		3.2 NAME		
STREET ADDRESS	21 RIVER RIDGE TRAIL		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLTELLI, LARRY		4.2 NAME		
STREET ADDRESS	10 TALAQUAH BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [illegible] 4-21-97 904 257 2026
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #