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 -3 PM 5:49

DOCUMENT # **L50672** **(9)**

1. Corporation Name
PREMIER VACATIONS, INC.

Principal Place of Business	Mailing Address
4301 VINELAND ROAD SUITE E2 ORLANDO FL 32811	4301 VINELAND ROAD SUITE E2 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
02/12/1990	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 4501 VINELAND RD	26 4501 VINELAND RD
Suite, Apt. #, etc. 22 SUITE 101	Suite, Apt. #, etc. 27 SUITE 101
City & State 23 ORLANDO, FL	City & State 28 ORLANDO, FL
Zip / Country 24 32811 / 25 ORANGE	Zip / Country 29 32811 / 30 ORANGE

4. FEI Number: 59-3039840 — ☐ 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
MAJORS, KENNETH 12525 BUTLER BAY COURT SUITE E-2 WINDERMERE FL 34786	81 Name: MAJORS, KENNETH 82 Street Address (P.O. Box Number is Not Acceptable): 9303 WOODBREEZE BLVD 83: WINDERMERE, FL 34786 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 mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	MAJORS, KENNETH	12 NAME	MAJORS, KENNETH
STREET ADDRESS	12525 BUTLER BAY CT	13 STREET ADDRESS	9303 WOODBREEZE BLVD
CITY ST ZIP	WINDERMERE FL	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	MAJORS, CARON	22 NAME	MAJORS, CARON
STREET ADDRESS	12525 BUTLER BAY CT	23 STREET ADDRESS	9303 WOODBREEZE BLVD
CITY ST ZIP	WINDERMERE FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LAXSON, HAZEL	32 NAME	
STREET ADDRESS	2213 WHALER WAY	33 STREET ADDRESS	
CITY ST ZIP	WINDERMERE 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: Caron Majors CARON MAJORS 3/28/95 407-841-8080
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone Number

008D607 CP