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Feb 18 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 # L76081 (3)

1. Corporation Name
LIFESTYLE VACATION INCENTIVES, INC.

Principal Place of Business

25 SEABREEZE AVENUE
4TH FLOOR
DELRAY BEACH FL 33483
US

Mailing Address

25 SEABREEZE AVENUE
4TH FLOOR
DELRAY BEACH FL 33483-7014
US

3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
03/12/1996

4. FEI Number
65-0200782

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

21 2160 W Atlantic Ave
Suite, Apt. #, etc.

2a. Mailing Address

26 2160 W Atlantic Ave
Suite, Apt. #, etc.

City & State

23 Delray Beach FL
Zip Country

24 33445 25 USA

City & State

28 Delray Beach FL
Zip Country

29 33445 30 USA

9. Name and Address of Current Registered Agent

FINN, JOHN J., JR.
25 SEABREEZE AVE
4TH FLOOR
DELRAY BEACH FL 33483

2160 W. ATLANTIC AVE
DELRAY BEACH FL
33445

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 DP
NAME FINN, JOHN J., JR.
STREET ADDRESS 25 SEABREEZE AVENUE
CITY-ST-ZIP DELRAY BEACH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2160 W. ATLANTIC AVE
DELRAY BEACH FL 33445

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

John J. Finn
Signature and typed or printed name of signing officer or director
Date 1/6/97 Daytime Phone # 561-279-0055

CR2E034 (9/96)