**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Mar 18 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # (3)L76081 LIFESTYLE VACATION INCENTIVES, INC. Mailing Address Principal Place of Business 2180 W. ATLANTIC AVE 2160 W. ATLANTIC AVE DELRAY BEACH FL 33445 DELRAY BCH. FL 33445 DO NOT WRITE IN THIS SPACE US Date Incorporated or Qualified 05/29/1990 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0200782 Not Applicable Suite Ant # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution Added to Fees 23 28 Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FINN, JOHN J., JR. 2160 W, ATLANTIC AVE Street Address (P.O. Box Number is Not Acceptable) DELRAY BCH. FL 33445 83 **B4** City 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 little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE FINN. JOHN J., JR. MALAF 1.2 NAME 2160 W. ATLANTIC AVE. STREET ADDRESS 1.3 STREET ADDRESS DELRAY BCH. FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I 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 ennual 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 onen attachment with an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

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DELETE

SPCK FILLS

3/10/98 561271-0053

Addition

Change