## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L86277

(5)

**VACATION VILLAS USA, INC.** 

FILED
May 12 1997 8:00am
Secretary of State

- 1 10 0 HO II - 30 I IBHFA BIFIO	.	#46/1 <b>4</b> 17/1 <b>418</b> /1 618/1 618

Principal Place of Business C/O JOHN S. CUTTITO 3459 W VINE ST. KISSIMMEE FL 34741 US			Mailing Address C/O JOHN S. CUTTITO 3459 W VINE ST. KISSIMMEE FL 34741-4688 US		3. Date Incorporated or Qualified			
		KISSIMMEE FL 34741-4						
2. Principal P	Place of Business	2a. Mailing Address	<u> </u>		4. FEI Number	1 00/10	<del></del>	Applied For
21		26			59-3023448		1	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>-</b>	Additional Required
City & Stat	o	City & State			6. Election Campaign Financing	·	\$5.0	O May Be
23		28			Trust Fund Contribution			d to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for in			s. 199.032,
24	[25]	29	30			Yes 🗌		
	9. Name and Address of Curr	rent Registered Agent		al va	10. Name and Address of New Reg	istered A	gent	
	TITTO, JOHN S.		ļ <sup>B</sup>	1 Name				
2550 JENSCOT RD ST CLOUD FL 34749			6	2 Street Add	dress (P.O. Box Number is Not Acceptable)			
			8	3				
			8	4 City		FL	85 Zip	p Code
11 Durougest	to the requisions of Continue 607.0	1502 and 607 1509. Florida Ct.	atutor the abo	ue parmed corr	poration submits this statement for the n		benoina	Ite registered
office or r	registered agent, or both, in the St	ate of Florida Such change w	as authorized	by the corpora	poration submits this statement for the po- tion's board of directors. I hereby accep	the appo	intment &	is registered
agent. I a	m familiar with and accept the ob	ligations of Section 803 0505	Elorida Stalut	4		4/30		
SIGNATURE	Signature, types or printed name of regimened	State Sed life if applicable	NOTE Registered A		ired when reinstating)	DATE	177	
12.		AND DIRECTORS	13.	Part Biglistore redu	ADDITIONS/CHANGES TO OFFIC	4	DIRECTO	DRS IN 12
TITLE	VPS	DELETE	1,1 1111	<u> </u>			Change	
NAME	ARENA, WALTER		1.2 NAM	1		•		_
STREET ADORESS	2440 BARLOU CT			ET ADDRESS				
	ST CLOUD FL							
CITY ST ZIF	PT	DELETE	1.4 CITY 2.1 TITLE				Change	e
NAME	CUTTITO, JOHN	L. DECEN	2.2 NAM	i		•		,
	2550 JENSCOTT RD.							
STREET ADDRESS	ST CLOUD FL			ET ADORESS				
CITY - ST - ZIP	V. ALAAA I P	DELETE	2.4 CITY 3.1 TITLE	-ST-ZIP		<del></del> 1	Change	Addition
		L. OLLEIE	3.1 HILL 3.2 NAM			L	change	· Lu AVUIDII
NAME				1				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE		-ST-ZIP		<del></del>	Change	e
TITLE		L' DETERE	4.1 TITLE	<b>.</b>		L	- Unange	, LT WOULKOU
NAME			4. 2 NAM					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DECETE		-ST-ZIP			Channe	A Addison
TITLE	1	☐ DELETE	5.1 TITLE			ı	Change	Addition
NAME			5.2 NAM	, i				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		Dr. Fee	5.4 City				Chara	A 2200
TITLE		DELETE				ι	Change	e 🔲 Addition
NAME			6.2 NAM					
STREET ADDRESS	I		4 5 6767					
			6.3 STRE	ET ADDRESS				
CITY - ST - ZIF			6.4 CITY					

Ido 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 empewered by 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:

NATURE AND THE OF PRINTED MARK OF SIGNING OFFICER OR DIRECTOR

4/50/91

#07-8 H7-0900