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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M38599

1. Corporation Name

(0)

SOUTHERN VACATIONS, INC.

SIGNATURE:

Secretary of State

FILED

Apr 24 1997 8:00am

Principal Place 2777 E-GAMEL PHOENIX AZ 8: US	BACK RD	Mailing Address 2777 C CAMELBACK RD- PHOENIX AZ 85016-4302 US	2777 C CAMELBACK RD PHOENIX AZ 85016-4302		I CODINGLI KOD PRIMI PAROL GARLE SERVIO DIL	- TODIODUI FOD HAUT PRIOT DRIFF TRIOT DUIT DIDIT DROM BAUT BEDIT DIDIT EVOLUTURE	
					3. Date Incorporated or Qualified 09/18/1986	3a, Date of Last Report 04/17/1996	
21 2111 E	ace of Business - Highlia Ave-	2a. Mailing Address	head A	' (•	4, FEI Number 86-0578044	Applied For Not Applicable	
Suite, Apt	te. 110	Suite, Apt. #, etc. 1	10		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23	9	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζίρ 24	Country 25	Z ₍ p 29	Coun	try	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, ☐ Yes 📉 No	
	9. Name and Address of Curre	ant Registered Agent			10. Name and Address of New R	egistered Agent	
GRE	ENSPOON & MARDER, P.A.			1 Name			
100 W. CYPRESS CREEK ROAD SUITE 700			1	82 Street Address (P.O. Box Number is Not Acceptable)			
FT L	AUDERDALE FL 33309			3			
			1	4 City		FL 85 Zip Code	
11. Pursuant office or reagent. La	to the provisions of Sections 607.05 egistered agont, or both, in the Sta m familiar with, and accept the obli	i02 and 607.1508, Florida Statu te of Florida. Such change was gations of, Section 607.0505, F	ites, the abo authorized lorida Statu	ove-named oby the corples.	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its registered apt the appointment as registered	
Signation	Signature, typed or printed name of registered a		TE. Registered	Agent signature i	required when reinstating)	DATE	
12.		ND DIRECTORS	13.	············	ADDITIONS/CHANGES TO OFFI		
TITLE	DVPT	☐ DELETE	1.1 TITL	E		Change Addition	
NAMÉ	STONE, NANCY J.		1.2 NAN	E			
STREET ADDRESS	2777 E CAMELBACK RD			ET ADDRESS			
CHY-ST-ZIP	PHOENIX AZ 85016	DELETE		-ST-ZIP		Change Addition	
TOTLE	DCP	L DECEIE	2.1.TITL		;	<u> </u>	
NAME DESCRIPTIONS	Martori, Joseph 2777 e Camelback RD		2.2 NAN	_		į	
STREET ADDRESS	PHOENIX AZ 85016			ET ADDRESS			
CHY-ST-ZIP TITLE	DVP	DELETE	2. 4 CH 3.1 T(T)	/-\$T~ZIP		Change Addition	
NAME	CIATU, SAMUEL		3.2 NAM				
STREET ADDRESS	2777 E CAMELBACK RD			ET ADORESS			
C/TY - ST - ZIP	PHOENIX AZ 85016		3.4 CIT	r-ST-ZIP			
TITLE	8	DELETE	4.1 TITL			Change Addition	
NAME	CASTRONOVA, STEPHENIE		4. 2 NA	AE			
STREET ADDRESS	2777 E CAMELBACK RD		4.3 STR	ET ADDRESS			
CiTY+S1+ZIP	PHOENIX AZ 85016		4.4 CITY	-ST-ZIP			
THTLE		☐ DELETE	5.1 TITE			Change Addition	
NAME			5.2 NAN	-			
STREET ADDRESS				ET ADDRESS			
C(TY - ST - ZIP		DELETE		-ST-ZIP		Choose Addition	
TILE		☐ OFFEIF	6.1 TITE			Change L Addition	
NAME OTOGET ADJACES			6.2 NAN	_			
STREET ADURESS				ET ADDRESS			
City - St - ZiP 14. I do hereb	ov certify that the information suppl	ied with this filing does not qua	lify for the e	-ST-ZIP xemption st	ated in Section 119.07(3)(i), Florida Statut	es. I further certify that the	
informatio Lam an o	n inclicated on this annual report of flicer or director of the corporation in Block 12 or Block 13 if changed.	r supplemental annual report is or the receiver or trustee empor	true and ac wered to ex	curate and ecute this re	that my signature shall have the same leg eport as required by Chapter 607, Florida	al effect as if made under oath; that Statutes; and that my name	