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

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FILED Jun 11 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M75036 AMBER VACATIONS, INC. Principal Place of Business Mailing Address 2951 HIGH POINT BLVD 2951 HIGH POINT BLVD KISSIMMEE FL 34747 KISSIMMEE FL 34747 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/04/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0089252 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zφ Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PATRÍCIA A. RAHL 81 2951 HIGH POINT BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE FL 34746 83 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 horeby 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 requisiered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE THITHE DIP Change Addition TITLE JOHN RAHL 2951 HIGH PT. BLVD. NAME 12 NAME 1.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL CITY-S1-ZIP 14 CITY - ST - 7)P DELETE TITLE 21 1IILE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS City - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-7IP DELETE Change Addition TITLE 41 TITLE 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE \_\_\_ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS

64 CITY-ST-7IP 14. Thereby 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 eath; that I am an officer or director of the conversion of the receiver or trustee expowered 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 or an attachment with an artifices.

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