

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000099931**

1. Entity Name  
VACATION OWNERSHIP MARKETING TOURS, INC.



Principal Place of Business

2419 E. COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33308

Mailing Address

2419 E. COMMERCIAL BLVD., SUITE 100  
FORT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-1148752

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLODIG, GREGORY J ESQ.  
GREENSPOON, MARDER, HIRSCHFIELD, RAKIN  
100 W. CYPRESS CREEK ROAD, SUITE 700  
FORT LAUDERDALE, FL 33309

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00** May Be  
Added to Fees

1000000129276  
04/26/04 00071-020 150.00

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME LAMBERT, DANIEL  
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE D  
NAME VERRILLO, JAMES  
STREET ADDRESS 2419 E. COMMERCIAL BLVD., SUITE 100  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE O  
NAME HEYDEN, CHRISTINA  
STREET ADDRESS 2419 E. COMMERCIAL BLVD. #100  
CITY-ST-ZIP FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Christina Heyden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*04/26/04*  
Date

*954-630-9449*  
Daytime Phone #