SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P17531** **(5)**

1. Corporation Name

VACATION CHARTERS, LTD. INCORPORATED

Principal Place of Business	Mailing Address
% SPLIT ROCK RESORT BOX 592 LAKE HARMONY PA 18624	% SPLIT ROCK RESORT BOX 592 LAKE HARMONY PA 18624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/05/1988
3a. Date of Last Report: 07/25/1994
4. FEI Number: 23-2110032 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SPEAR, JOHN D.
9200 BONITA BEACH RD.
SUITE 204 BOX 2207
BONITA SPRINGS FL 33959

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	KALINS, W. JACK	12 NAME	
STREET ADDRESS	BOX 592 LAKE DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE HARMONY PA	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KALINS, BARBARA	22 NAME	
STREET ADDRESS	BOX 592 LAKE DR	23 STREET ADDRESS	
CITY-ST-ZIP	LAKE HARMONY PA	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	DELROSSO, LOUIS N.	32 NAME	
STREET ADDRESS	1710 MONSEY AVE	33 STREET ADDRESS	
CITY ST ZIP	SCRANTON PA	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	LONDON, DAVID A.	42 NAME	
STREET ADDRESS	BOX 502	43 STREET ADDRESS	
CITY ST ZIP	LAKE HARMONY PA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE Secretary (as)	☑ Change ☐ Addition
NAME	ZIMINSKY, JOHN	52 NAME	
STREET ADDRESS	BOX 66 OLD STAGE ROAD	53 STREET ADDRESS	
CITY ST ZIP	ALBERIDGHTSVILLE PA	54 CITY-ST-ZIP	
TITLE		61 TITLE AS	☐ Change ☑ Addition
NAME		62 NAME Nancy L. Moore	
STREET ADDRESS		63 STREET ADDRESS HC2 Box 2035	
CITY ST ZIP		64 CITY-ST-ZIP Jim Thorpe, PA 18229	

CR2E084 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 on an attachment with an address.

X 790

SIGNATURE: W. Jack Kalins W. Jack Kalins 6-7-95 717-722-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179203 FN