SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P17531 (5)**VACATION CHARTERS, LTD. INCORPORATED** Principal Place of Business Mailing Address SPLIT ROCK RESORT **% SPLIT ROCK RESORT BOX 592** BOX 592 LAKE HARMONY PA 18624 LAKE HARMONY PA 18624 3. Date Incorporated or Qualified 3a. Date of Last Report 01/05/1988 06/13/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 23-2110032 Not Applicable Suite, Apt #, etc. Suite. Apt. #, etc \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SPEAR, JOHN D. 9200 BONITA BEACH RD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 204 BOX 2207 **BONITA SPRINGS FL 33959** 83 84 City 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 agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or purchasing if my resord agent and title of spellands (NOTE R. g. secol A per significant replace) whenever strings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELFTE 1.1100.6 Change Addition NAME KALINS, W. JACK 1.2 NAME CR2E034 **BOX 592 LAKE DR** STREET ADDRESS 13 STREET ADDRESS LAKE HARMONY PA CITY-ST-ZIP 1.4 CITY - ST - ZiF TITLE DELETE 2 LTOTLE Change Addition NAME KALINS, BARBARA 2.2 NAME STREET ADDRESS BOX 592 LAKE DR 2.3 STREET ADDRESS CHTY-ST-ZIP LAKE HARMONY PA 2 4 City - St. ZiP TITLE DELETE 3.1 TITLE Change Adiation NAME DELROSSO, LOUIS N. 3.2 NAME STREET ADDRESS 1710 MONSEY AVE 3.3 STREET ADDRESS SCRANTON PA CITY - ST-ZiP 3.4 CITY-ST-ZiE TITLE DELETE 41 THLE Change Add-tion NAME LONDON, DAVID A. 4 2 NAME STREET ADDRESS **BOX 502** 4.3 STREET ADDRESS CITY-ST-ZIP LAKE HARMONY PA 4.4 CITY - ST - ZIP TITLE DELETE 5 1 TITLE Change Addition NAME ZIMINSKY, JOHN 5.2 NAME STREET ADDRESS **BOX 66 OLD STAGE ROAD** 5.3 STREET ADDRESS CITY-ST-ZIP ALBERIDGHTSVILLE PA 54 CHTY - ST - ZIP TITLE DELETE 6.1 TETLE Change Addition MOORE, NANCY L 6.2 NAME STREET ADORESS HC 2 BOX 2635 6.3 STREET ADDRESS CITY-ST-ZIP JIM THORPE PA 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily further and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE:

SIGNATURE AND T

W. JAK KAL: NS 6-6-96 717-722-911/

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