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Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P17531 (5)
1. Corporation Name
VACATION CHARTERS, LTD. INCORPORATED



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

Mailing Address
% SPLIT ROCK RESORT
BOX 592
LAKE HARMONY PA 18624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/05/1988

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23-2110032

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip Country

29 Zip Country

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KALINS, W. JACK
STREET ADDRESS BOX 592 LAKE DR
CITY-ST-ZIP LAKE HARMONY PA

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME KALINS, BARBARA
STREET ADDRESS BOX 592 LAKE DR
CITY-ST-ZIP LAKE HARMONY PA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE I
NAME DELROSSO, LOUIS N.
STREET ADDRESS 1710 MONSEY AVE
CITY-ST-ZIP SCRANTON PA

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP
NAME LONDON, DAVID A.
STREET ADDRESS BOX 502
CITY-ST-ZIP LAKE HARMONY PA

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME ZIMINSKY, JOHN
STREET ADDRESS BOX 66 OLD STAGE ROAD
CITY-ST-ZIP ALBERIDGHTSVILLE PA

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME MOORE, NANCY L
STREET ADDRESS HC 2 BOX 2635
CITY-ST-ZIP JIM THORPE PA

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: W. Jack Kalins

JAN. 19, 1998

717-722-
9111 X790

CR2E034 (10/97)