

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

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90102 034 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P17531

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

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 owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. 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

☐ DELETE

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

DIRECTOR  
STACEY KALINS  
56 STERLING AVE  
WEEHAWK, N.J. 07087

☐ Change ☒ Addition

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

☐ DELETE

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

DIRECTOR  
Shelly Kalins  
4 Woods Gap Road  
LAKE HARMONY, Pa. 18624

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☐ Change ☐ Addition

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

☐ DELETE

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

☒ Change ☐ Addition

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

☐ DELETE

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

☒ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)