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

PROFIT ·· CORPORATION ,ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 18 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P29791

(1)

VACATION RESORTS INTERNATIONAL, INC.

Principal Piac	e of Business	Mailing Addr	ess							
23212 MILL CREEK DRIVE LAGUNA HILLS CA 82653		23212 MILL CREEK DRIVE LAGUNA HILLS CA 92653-1617						V 3.5.7. 12.5.		
							3. Date Incorporated or Qualified	1	of Last F	Report
2. Principal F	Place of Business	28. Mailing A	ddroee				06/18/1990 4. FEI Number	1 04/29	9/1996	
21		- ├ ─┐	26				95-3700624		——————————————————————————————————————	pplied For lot Applicable
Sulte, Apt.	#, etc.		Suite, Apt. #, etc.							Additional
22		27	27				5. Certificate of Status Desired			Required
City & Stat	e	Fı ·	City & State				6. Election Campaign Financing		\$5.00	May Be
23	0		[28]				Trust Fund Contribution			to Fees
Zip	Country	Zip					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
24	25 9, Name and Address of Curre	29 Int Registered Age	nt	30			Florida Statutes 10. Name and Address of New Re			
CT	CORPORATION SYSTEM			8	1	Name	10. Italia dia Madias di 1609 110	gistoreu Aş	Join	
	D S. PINE ISLAND ROAD			B	_					
	NTATION FL 33324					Street Add	ress (P.O. Box Number is Not Acceptable)			
, -,				83	3					
				84	1	City			001 7-	Ondo
	•					-		- PL ∣		Code
11. Pursuant office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, FI	orida Statut	es, the above	ve-1	named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of c	hanging i	ts registered
agent. I a	m familiar with, and accept the oblig	jations of, Section 6	07.0505, Fic	orida Statute	9S.	ine corpore	more board or directors, thicreby accep	и ине арроп	itment as	registerea
SIGNATURE	Signature, typod or printed name of registered ag									
12.		ND DIRECTORS	(NO)	13.	gon!	signature requ	ired when reinslating) ADDITIONS/CHANGES TO OFFIC	DATE EDD AND D	UDECTO	00 111 10
TITLE	CD	☐ DELETE		1.1 TITLE			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	FRASER, ROY I.			1.2 NAME				_		
STREET ADDRESS	32221 COOK LANE		1.3 STREET ADDRESS							
CITY-ST-ZIP	SN JN CAPISTRANO CA			1.4 DOY-	SI-	ZIP				
TITLE	PD	-		2.1 TITLE					Change	☐ Addition
NAME	GALLAGHER, LOREN V.		2.2 NAME						,	
STREET ADDRESS	26761 CALIFORNIA AVE.			2.3 STREE	1 AE	DDRESS				
CITY-ST-ZIP	HEMET CA	·	DELETE	2. 4 CITY	<u>\$1</u> -	- 7(P				
NAME	SD Presley, Juanita		DELETE	3.1 TITLE		.		L.] Change	☐ Addition
STREET ADDRESS	5 LOGO VISTA			3.2 NAME 3.3 STREE		DODE CC				
CITY-ST-ZIP	DANA POINT CA			3.4. CITY-						
TITLE	BURELL AUTHOUT		DELETE	4.1 TITLE	31.	- tu.			Change	Addition
NAME				4. 2 NAME				_	, change	
STREET ADDRESS				4.3 STRFE		DDRESS				
CITY-ST-ZIP	<u></u>			4.4 CITY-		- 1				
TITLE			DELETE	5.1 TITLE					Change	Addition
NAME				5.2 NAME						
STREET ADDRESS				5.3 STREE	JA T	DDRESS			ህ ቤ '	3-18
CITY-ST-ZIP	····		DE CA	5.4 CHY-	51-2	ZIP				
TITLE			DEFEIF	6.1 711LE				•	Change	Addition
NAME OTDECT ADDOCCO				6.2 NAME			50000211 -03/19/970101	755	5	
STREET ADDRESS				6.3 STREE	LAD	DIRESS 1	~11571\4747~~1111B			

14. I do 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 change), or on an attachment with an address. 2-10-97

6.4 CITY - ST - ZIP