

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 29 PM 6:43

DOCUMENT # P92000009048 (9)

1. Corporation Name

VACATION ESCAPE, INC.

Principal Place of Business

**4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216**

Mailing Address

**4215 SOUTHPOINT BLVD.
SUITE 100
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3160639

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

21 4800 N. Federal Highway

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite #200B

27 Suite, Apt. #, etc.

City & State

23 Boca Raton, FL

City & State

28 Boca Raton, FL

Zip

24 33431

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNEIDER, MICHAEL N
100 NATIONAL FINANCIAL BLDG.
4215 SOUTHPOINT BLVD.
JACKSONVILLE FL 32216**

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 nominating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DP
HAMILTON, ROY D
1650 S DIXIE HWY SUITE 4D
BOCA RATON FL**

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP
**4800 N. Federal Hwy, Ste 200B
Boca Raton, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**DVT
HAMILTON, JUDY M
1650 S DIXIE HWY SUITE 4-D
BOCA RATON FL**

21 TITLE ☒ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP
**4800 N. Federal Hwy, Ste 200B
Boca Raton, FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

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)(b), 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 prepare 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:

Judy M. Hamilton (Judy M. Hamilton) 5-14-95 407-347-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR