

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

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000015420 (1)

1. Corporation Name
VACATION CREATIONS INTERNATIONAL, INC.

Principal Place of Business
7491 CONROY WINDMERE
SUITE L
ORLANDO FL 32835
US

Mailing Address
P.O. BOX 22236
LAKE BUENA VISTA FL 32830-2236
US



2. Principal Place of Business
21 2939 SUNBITTERN CT

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
23 WINDERMERE, FL.

27 City & State

24 Zip
34786

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

WOOD, CHRIS
9030 CHARLES E. LIMPUS RD.
ORLANDO FL 32836

3. Date Incorporated or Qualified

03/01/1993

3a. Date of Last Report

01/29/1996

4. FEI Number

59-3234243

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 ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CONKLIN, DENNIS
16002 GOUNTY RD., 501-A
GLENMONT FL 34744

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVST
WOOD, CHRIS
9030 CHARLES LIMPUS RD.
ORLANDO FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
-DV
-BOURTE, LOUIS
-1724 BRIDLEWALK COURT
-BOOTH FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

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

2939 SUNBITTERN COURT
WINDERMERE FL 34786

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

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 changed, or on an addition in an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRIS WOOD

4-7-97 (407) 876-9335

CR2E034 (9/96)