

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000020214 (1)

1. Corporation Name  
ALTERNATIVE VACATION CONCEPTS, INC.



Principal Place of Business  
5010 S FLORIDA AVE  
LAKELAND FL 33807

Mailing Address  
P O BOX 5019  
LAKELAND FL 33813  
US

3. Date Incorporated or Qualified 03/17/1993  
3a. Date of Last Report 02/13/1995

2. Principal Place of Business 21 1146 E. Highland Dr. 22 Lakeland, Fl. 33813 23 City & State 24 Zip 25 Country	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number -39-3178503 59-3177097 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

MILBRATH, MICHAEL  
1301 NE 14TH STREET  
OCALA FL 34470

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City Lakeland FL 85 Zip Code 33813

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 *Michael R. Shepard*

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SHEPARD, MICHAEL	1.2 NAME	
STREET ADDRESS	1146 E HIGHLAND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33801	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	SHEPARD, PEGGY D	2.2 NAME	
STREET ADDRESS	1146 E HIGHLAND DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Michael R. Shepard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

941-647-3569

Daytime Phone #

CR2E034 (12/95)