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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000027462 (9)

## **BECKER VACATION CORPORATION**

## FILED

Apr 15 1998 8:00am Secretary of State

Principal Place of Business Mailing Ad		Mailing Address	idress			. 1(2:1: 1981) GIBIO Ethio 1101 1201
1318 LAFAYETTE ST CAPE CORAL FL 33904		1318 LAFAYETTE ST				
		CAPE CORAL FL 33904		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
Ĺ					04/12/1993	
	Place of Business	2a. Mailing Address			4, FEI Number	Applied For
21		26			65-0402437	Not Applicable
Suite, Apt.	#, BIC.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ	Country	Zip	Country		a. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
<del></del>	9. Name and Address of Curr	eni negistereti Agent	81	Name	10. Name and Address of New Register	eo Agent
	L, THOMAS W					
1318 LAFAYETTE ST			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
CA	PE CORAL FL 33904		83			
]			84	City		85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statut	es, the above	-named corp		
office or r	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Such change was a igations of, Section 607,0505, Flo	authorized by orida Statutes	the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
SIGNATURE		galloria di, addition daritatio, i il		•		
SIGNATURE	Signature, typod or priraed name of registered of		E: Registered Age	nt algnature requir	red when reinstating) DA	Œ
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition
NAME	BECKER, HERMANN		1.2 NAME			
STREET ADDRESS	1318 LAFAYETTE ST		1.3 STREET			
CITY-S1-ZIP	CAPE CORAL FL 33904			T-ZIP		Change Addition
TITLE	D D			}		L Change L Addition
NAME	BECKER, ILSE		2.2 NAME			
STREET ADDRESS	1318 LAFAYETTE ST		23 STREET			
CITY-ST-ZIP TITLE	CAPE CORAL FL 33904	DELETE	2.4 CITY-5	11 - ZIP		Change Addition
NAME	D HILL, THOMAS W.	petere	3.1 MLE			Towns Transport
STREET ADDRESS	1318 LAFAYETTE ST		3,3 STREET	Annerse		
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY-S			
TALE		DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-S1-ZIP			4,4 CITY-S			
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	!		
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	t-zip		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME	ļ		
STREET ADDRESS	<u>.</u>		6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY-S	r- ZIP		

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.

SIGNATURE:

home W Hell Whomas W. His

4-8-98

(941) 549-2444

12EU34 (10/97)