**FILED** Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90023 043 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000042245

1. Corporation Name

VACATIO		ig exchange,	INC.										
Principal Place	of Business		Mailing	Address						EBIH BEHI BI		41801 OH 1881	
Principal Place of Business  2779 NW 31ST AVENUE LAUDERDALE LAKES FL 33311 US  Mailing Address  2778 NW 31ST AVENUE LAUDERDALE LAKES FL 33311 US  US									DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/14/1993				
2 Principal P	lace of Business	2a. Mai	2a. Mailing Address					4. FEI Number		Ap	plied For		
21	idoc or basiness	26						65-0416646		No	t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	□. ·	\$8.75 A Fee Re				
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be		
23		28	28					Trust Fund Contribution		Added t	o Fees		
Zip	Country			Zip Cou			ountry		8. This corporation owes the curre				
24	25		29	29 30					Personal Property Tax.			□No	
	9. Name an	d Address of Curren	t Registered	d Agent		81	Nam		10. Name and Address of New Re	gistered A	gent		
MAL.	AL, RALPH					01			, di-11-1				
8830 COCO PLUM MANOR						82	82 Street Address (P.O. Box Number is Not Acceptable)						
PLAN	NTATION FL 3	3324				83							
						84	City			FL	85 Zip (	Code	
11 Pursuant	to the provisions	s of Sections 607.050	2 and 607.15	508. Florida Statu	ites, the	above	i e-name	d corpo	ration submits this statement for the p	umose of o	hanging its	registered	
office or re	anietorod anont	, or both, in the State and accept the obliga	of Florida, Si	uch change was :	authoriz	ea by	tne cor	poration	's board of directors. I hereby accept	the appoin	tment as reg	gistered	
SIGNATURE	Signature, byned of D	rinted name of registered age	nt and title if appli	icable. (NOT	E: Register	red Aper	nt signatur	e required	when reinstating)	DATE		\	
			AND DIRECTORS 13.						ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	RS IN 12	
TITLE	PDS			☐ DELETE	1.1	TITLE					Change	Addition	
NAME	JAMAL, RAL	PH			1.2	NAME							
STREET ADDRESS	8830 COCO	PLUM MANOR			1.3	STREET	ADDRES	s					
CITY-ST-ZIP	PLANTATION	N FL			1.4	CITY-S	T-ZIP	<b>_</b>					
TITLE	VD			☐ DELETE	2.1	TITLE					Change	Addition	
NAME		r, Benjamin			2.2	NAME							
STREET ADDRESS	2709 PARKV				2.3	STREET	ADDRES	s	•				
CITY-ST-ZIP	HALLANDAL	E FL		O SCIETE		4 CITY-S	T-ZIP	-	Wednest .		Change	Addition	
TITLE				☐ DELETE		TITLE		IKI	sasyare Diésote forts levy 042 NW 2NO ST 14W TATION, FLA 333.		¢age	A	
NAME					9	NAME	TADDRES		112 NOST				
STREET ADDRESS						STREE			AUTITAL FLA 335	201			
CITY-ST-ZIP	<u> </u>	<del></del>		☐ DELETE		TITLE	1-ZIP	1111	40 1411019, 1112.	7.7	Change	Addition	
NAME						2 NAME					_		
STREET ADDRESS							TADORES	s		•		,	
CITY-ST-ZIP						CITY-S							
TITLE	_			☐ DELETE	_	TITLE					Change	Addition	
NAME					5.2	NAME			-				
STREET ADDRESS					53	STREE	T ADDRES	ss					
CITY-ST-ZIP					5.4	CITY-5	T-ZIP						
TITLE				☐ DELETE	6.1	TITLE					· [] Change	☐ Addition	
NAME					6.2	NAME							
STREET ADDRESS					6.3	STREE	T ADDRES	s					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

C/TY-ST-ZIP