FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:46

DOCUMENT # P93000058032 (2)

1. Corporation Name
BETA VACATIONS, INC.

Principal Place of Business	Mailing Address
12678 STARKEY ROAD LARGO FL	12678 STARKEY ROAD LARGO FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1993
3a. Date of Last Report: 04/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34643 Country 25: Pinellas	Zip 29: 34643 Country 30: Pinellas

4. FEI Number: 59-3197862 ☐ 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

SCHAEFFER, CONSTANCE E
12678 STARKEY ROAD
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: ALGIE, CAROLINE SHAIN
82 Street Address (P.O. Box Number is Not Acceptable): 12678 STARKEY ROAD
83
84 City: LARGO FL 85 Zip Code: 34643

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: CAROLINE SHAIN ALGIE CAROLINE SHAIN ALGIE, ST 1/31/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	1.1 TITLE	P,D ☒ Change ☐ Addition
NAME	SCHAEFFER, JAMES F	1.2 NAME	SCHAEFFER, JAMES F
STREET ADDRESS	910 PINELLAS BAYWAY S., #202	1.3 STREET ADDRESS	910 PINELLAS BAYWAY S., #202
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE	PD	2.1 TITLE	S,T ☒ Change ☐ Addition
NAME	SCHAEFFER, CONSTANCE E	2.2 NAME	ALGIE, CAROLINE SHAIN
STREET ADDRESS	910 PINELLAS BAYWAY S., #202	2.3 STREET ADDRESS	910 PINELLAS BAYWAY S., #202
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	TIERRA VERDE FL 33715
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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: JAMES F SCHAEFFER PRES 1/31/95 813/866-1120
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382011 CP