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

Mailing Address

307 S 21ST AVE

HOLLYWOOD FL 33020-5011

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

307 8 21ST AVE

HOLLYWOOD FL 33020

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1997 8:00am

Secretary of State

3a. Date of Last Report

04/19/1996

4/28/97 954-922-6070

3. Date Incorporated or Qualified

09/27/1993

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000067576 (7)

VACATION INVESTMENT PLAN, INC.

2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			65-0465374	Not Applicable
- Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	e	Crty & State			6. Election Campaign Financing	\$5.00 May Be
23		28	·		Trust Fund Contribution	Added to Fees
` <i>Z</i> ip <del>T</del> T	Country	Zip	Count	ry ·	8. This corporation has liability for intangible	
24				Florida Statutes Yes L No		
9, Name and Address of Current Registered Agent YORN, GARY &				1 None	10. Name and Address of New Registered	Agent
	KORN, GARY A 20803 BISCAYNE BLVD			1 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 200			_			
AVENTURA FL 33180			8	3		
			8	4 City		85 Zip Code
					FL	
<ol> <li>Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the ab office or registered agent or both, in the State of Florida. Such change was authorized</li> </ol>				ve-named cor	poration submits this statement for the purpose of	changing its registered
agent 1 a	egistered agent or both, in the sta ni fam har with, and accept the obt	gations of, Section 607.0505, F	aumonzeo t torida Statut	oy me corpora es.	ation's board of directors. I hereby accept the app	omiment as registered
: SIGNATURE						1
SICHARTOIL	Signature, typind or printed name of registered a	gent and title if applicable (NO	TE Registered A	gent signature requ	uired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DV	L DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	BIRDMAN, HARVEY	•	1.2 NAME	:		
STREET ADDRESS	307 S 21ST AVE		1.3 STRE	ET ADDRESS		
COY-ST ZIF	HOLLYWOOD FL 33020		1.4 CITY	-ST-ZIP		
HILE	PD	☐ DEL <b>E</b> TE	2.1 TITLE			Change Addition
NAME	Hirsch, Herbert		2.2 NAME	:		
STREET ADORESS	307 S 21ST AVE		2.3 STRE	E1 ADDRESS	•	
COLY ST. ZIP	HOLLYWOOD FL 33020		2. 4 CITY	-ST-ZIP		
TILLE	DVT	DELETE	3.1 TITLE			Change Addition
NAME	BIRDMAN, DIANE		3.2 NAME	:		
STREET ADORESS	307 S 21ST AVE		3.3 STRE	E1 ADDRESS	•	
CDY-SI-ZIF	HOLLYWOOD FL 33020		3.4. CITY	i		·
70LF	DVS	DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME	BIRDMAN, LOUIS		4. 2 NAM	E		
STREET ADORESS	307 S 21ST AVE			ET ADDRESS		
City - St - ZIP	HOLLYWOOD FL 33020		4.4 CITY	i		
Tilite		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	1		- · - ·
STEEFT ADDRESS				ET ADDRESS		
CITY - S1- ZIF			5.4 CITY			
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME	$\wedge$		6.2 NAME			
	/ \			ET ADDRESS		
STREET ADJURESS						
0117-51-70-	by certify that the information suppl	ed with this filing does not gua	6.4 CITY	emption state	ed in Section 119.07(3)(i). Florida Statutes I further	certify that the
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 ∰co∤ 13 if changed, or on an attachment with an address.						