

FILE 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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90020 047 ***150.00

0139529

DOCUMENT # P93000067576

1. Corporation Name
VACATION INVESTMENT PLAN, INC.



Principal Place of Business
307 S 21ST AVE
HOLLYWOOD FL 33020
US

Mailing Address
307 S 21ST AVE
HOLLYWOOD FL 33020
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1993

4. FEI Number

65-0465374

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

KORN, GARY A
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name

HARVEY BIRDMAN

82 Street Address (P.O. Box Number is Not Acceptable)

307 SOUTH 21ST Avenue

83

84 City

Hollywood

FL

85 Zip Code

33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/99

12. OFFICERS AND DIRECTORS

TITLE **BO** ☐ DELETE

NAME **BIRDMAN, HARVEY**

STREET ADDRESS **307 S 21ST AVE**

CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **PD** ☐ DELETE

NAME **HIRSCH, HERBERT**

STREET ADDRESS **307 S 21ST AVE**

CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DVT** ☐ DELETE

NAME **BIRDMAN, DIANE**

STREET ADDRESS **307 S 21ST AVE**

CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE **DVS** ☐ DELETE

NAME **BIRDMAN, LOUIS**

STREET ADDRESS **307 S 21ST AVE**

CITY-ST-ZIP **HOLLYWOOD FL 33020**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY BIRDMAN

3/16/99

954-922-6070

Date

Daytime Phone #

CR2E034 (11/98)