

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 20 AM 8:19

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**200001461942
-04/21/95--01017--012
*****200.00 *****200.00
DO NOT WRITE IN THIS SPACE.**

DOCUMENT # P93000072526 (5)

1. Corporation Name

Timeshare Buyers Outlet, Inc.

**Principal Place of Business
2204 Kettle Drive
Orlando, FL 32835**

**Mailing Address
2204 Kettle Drive
Orlando, FL 32835**

**3. Date Incorporated or Qualified
10/08/1993**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-3207549

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22

27

**6. Election Campaign Financing
Trust Fund Contribution**

**\$5.00 May Be
Added to Fees**

23

28

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No**

24

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Stanford R. Solomon
Barnett Plaza, Suite 1818
101 East Kennedy Blvd.
Tampa, FL 33629**

81 Name

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

83

84 City

FL

85 Zip Code

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 restate)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE D/P/S
NAME Charles Levin
STREET ADDRESS 2204 Kettle Drive
CITY - ST - ZIP Orlando, FL 32835**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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 110.07(3)(k), 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:

Charles M. Levin CHARLES M. LEVIN

4/12/95

467-295-8894

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Telephone Number