

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000002414 (8)

1. Corporation Name

VACATION BREAK CONSTRUCTION, INC.



Principal Place of Business

Mailing Address

6400 N ANDREWS AVE  
SUITE 200  
FT LAUDERDALE FL 33309

6400 N ANDREWS AVE  
SUITE 200  
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

01/11/1994

3a. Date of Last Report

06/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOOTH, RICHARD C  
1562 PROCTOR ST,  
TALLAHASSEE FL 32303

81 Name

Muller, Ralph P.

82

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

6400 N. Andrews Ave

83

Suite 200

84

Ft. Lauderdale

FL

85

Zip Code  
33309

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, if applicable,

(If not registered agent, signature required when returned to the

Date

Ralph P. Muller

8-1-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
CEO	MULLER, RALPH P	6400 N ANDREWS AVE SUITE 200	FT LAUDERDALE FL 33309	<input type="checkbox"/>
PD	SHEEHAN, KEVIN M	6400 N. ANDREWS AVE., STE. 200	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
SD	CAIRO, HENRY M	6400 N. ANDREWS AVE., STE. 200	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
D	MORAN, SARAH K	6400 N. ANDREWS AVE., STE 200	FT. LAUDERDALE FL 33309	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph P. Muller 8-1-96 (954) 351-8500

CR2E034 (3/96)