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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000002414 (8)

1. Corporation Name
VACATION BREAK CONSTRUCTION, INC.



Principal Place of Business
6400 N ANDREWS AVE
SUITE 200
FT LAUDERDALE FL 33309

Mailing Address
6400 N ANDREWS AVE
SUITE 200
FT LAUDERDALE FL 33309-2173

3. Date Incorporated or Qualified
01/11/1994

3a. Date of Last Report
06/06/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0456364

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLER, RALPH P.
6400 N. ANDREWS AVE
STE. 200
FT. LAUDERDALE FL 33309

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CEO
NAME MULLER, RALPH P
STREET ADDRESS 6400 N ANDREWS AVE SUITE 200
CITY- ST- ZIP FT LAUDERDALE FL 33309

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

TITLE PD
NAME SHEEHAN, KEVIN M
STREET ADDRESS 6400 N. ANDREWS AVE., STE. 200
CITY- ST- ZIP FT. LAUDERDALE FL 33309

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

TITLE SD
NAME CAIRO, HENRY M
STREET ADDRESS 6400 N. ANDREWS AVE., STE. 200
CITY- ST- ZIP FT. LAUDERDALE FL 33309

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

TITLE D
NAME MORAN, SARAH K
STREET ADDRESS 6400 N. ANDREWS AVE., STE 200
CITY- ST- ZIP FT. LAUDERDALE FL 33309

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ralph P. Muller, CEO

Date

Daytime Phone #

954/351-8500

0008191

CR2E034 (9/96)