

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

FILED

Mar 23 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		<b>3. Date Incorporated or Qualified</b> <b>01/11/1994</b>	
<b>4. FEI Number</b> <b>65-0456364</b>		<b>Applied For</b> <input type="checkbox"/> Not Applicable		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8. Name and Address of Current Registered Agent</b> <b>MULLER, RALPH P.</b> <b>6400 N. ANDREWS AVE</b> <b>STE. 200</b> <b>FT. LAUDERDALE FL 33309</b>	
<b>9. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		<b>10. Name and Address of New Registered Agent</b>			

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	1.1 TITLE	CEO/SD
NAME	MULLER, RALPH P	1.2 NAME	John W. McConnell
STREET ADDRESS	6400 N ANDREWS AVE SUITE 200	1.3 STREET ADDRESS	11001 Executive Center Dr.
CITY-ST-ZIP	FT LAUDERDALE FL 33309	1.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE	PD	2.1 TITLE	Pres.
NAME	SHEEHAN, KEVIN M	2.2 NAME	Franz Hanning
STREET ADDRESS	6400 N. ANDREWS AVE., STE. 200	2.3 STREET ADDRESS	11001 Executive Center Dr.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE	SD	3.1 TITLE	VP
NAME	CAIRO, HENRY M	3.2 NAME	Henry M. Cairo
STREET ADDRESS	6400 N. ANDREWS AVE., STE. 200	3.3 STREET ADDRESS	6400 N. Andrews Ave.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	Ft. Lauderdale
TITLE	D	4.1 TITLE	VP/SD
NAME	MORAN, SARAH K	4.2 NAME	Robert W. Howeth
STREET ADDRESS	6400 N. ANDREWS AVE., STE 200	4.3 STREET ADDRESS	11001 Executive Center Dr.
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	4.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE		5.1 TITLE	VP/SD
NAME		5.2 NAME	Marcel J. Dumeny
STREET ADDRESS		5.3 STREET ADDRESS	11001 Executive Center Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Little Rock, AR 72211
TITLE		6.1 TITLE	AS
NAME		6.2 NAME	William J. Bennett
STREET ADDRESS		6.3 STREET ADDRESS	11001 Executive Center Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Little Rock, AR 72211

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.

SIGNATURE:

*[Signature]*

501-228-2700

CR2E034 (10/97)