

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039327 (9)

1. Corporation Name

SEDES VACATION, INC.



Principal Place of Business

801 WHITEHEAD ST.
KEY WEST FL 33040

Mailing Address

801 WHITEHEAD ST.
KEY WEST FL 33040

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

04/20/1995

2. Principal Place of Business

21 713 WHITEHEAD ST

Suite, Apt. #, etc.

2a. Mailing Address

26 713 WHITEHEAD ST.

Suite, Apt. #, etc.

4. FEI Number

65-0516319

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

22 City & State
KEY WEST, FLORIDA

27 City & State
KEY WEST, FLORIDA

23 Zip
33040

25 Country
MONROE

29 Zip
33040

30 Country
MONROE

9. Name and Address of Current Registered Agent

FISCHER, PETER K
240 PALM AVE.
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

81 Name FISCHER PETER K

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

83 713 WHITEHEAD ST

84 City KEY WEST

FL 85 Zip Code 33040

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 of registered agent or person authorized to file this statement

(NOTE: Registered Agent signature required when reinstating)

DATE

JAN. 80-1996

12. OFFICERS AND DIRECTORS

TITLE DPVS ☐ DELETE
NAME MEIER, STEFAN
STREET ADDRESS 801 WHITEHEAD ST.
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 713 WHITEHEAD ST.
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stefan Meier, Pres. 02/14/96 (305)

Date

Day in a

296-7264

CR2E034 (12/95)