

4-14-97 B-4493 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000055962 (2)

1. Corporation Name
GREAT GETAWAYS, INC.

Principal Place of Business
6620 20TH ST
VERO BEACH FL 32966
US

Mailing Address
6620 20TH ST
VERO BEACH FL 32966-7853
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/28/1994	3a. Date of Last Report 04/18/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0510713	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMPSON, LAURI H 1166 36TH AVENUE VERO BEACH FL 32960		81 Name Simpson, Lauri H. 82 Street Address (P.O. Box Number is Not Acceptable) 1840 - 36th Ave 83 84 City Vero Beach FL 85 Zip Code 32960	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, LAURI H	1.2 NAME	
STREET ADDRESS	1166-36TH AVE	1.3 STREET ADDRESS	1840 - 36th Ave
CITY - ST - ZIP	VERO BEACH FL	1.4 CITY - ST - ZIP	Vero Beach FLA 32960
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, HOLLY	2.2 NAME	
STREET ADDRESS	2440 - 84TH TERR	2.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, JAMES E.	3.2 NAME	
STREET ADDRESS	1166- 36TH AVE	3.3 STREET ADDRESS	1840 - 36th Ave
CITY - ST - ZIP	VERO BEACH FL	3.4 CITY - ST - ZIP	Vero Beach, FLA 32960
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, DANIEL	4.2 NAME	
STREET ADDRESS	2440-84TH TERR	4.3 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 561-770-3400
Date Daytime Phone