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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000088741 (1)

CHRISTIAN VACATION RETREATS, INC.

Principal Place of Business Mailing Address  5557 WEST OAKLAND PARK BLVD. 5557 WEST OAKLAND PARK I SUITE 316 SUITE 316 LAUDERHILL FL 33313 LAUDERHILL FL 33313				<b>D</b> .		DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/05/1994		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied F		
21		26				65-0555990 Not Applie	· · · · · · ·	
Suite, Apt	i. #, etc	Suite, Apt. #, etc.	} <del>-</del> ¬			5. Certificate of Status Desired S8.75 Addition Fee Required	al	
City & Sta	ite	City & State	<b>├</b> ─ <b>┐</b>			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 24	Country 25	Zip	Co.	untry	·· <u> </u>	8. This corporation owes or has paid the current year Intangence Personal Property Tax due June 30. Yes No		
<del></del>	9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
11. Pursuani	registered agent, or both, in the	State of Florida. Such change w	as authorize	d by	the corpora	FL 85 Zrp Code or or poration submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as register	ered	
agent. I : SIGNATURE	am familiar with, and accept the c	•				quired when reinstating) DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TI	TLE		☐ Change ☐ Ad	dition	
NAME	MILLER, DOROTHEA A		1.2 N	1.2 NAME			i	
STREET ADDRESS	LAUDEDUNI EL 20040			1.3 STREET ADDRESS			ļ	
CITY-ST-ZIP	VP DELETE			1.4 CITY - ST - ZIP		Change Ad	dition	
TITLE	SMITH, REINALD G					☐ Change ☐ Ad	oitron :	
NAME Street address	EEI ADDRESS 2310 N.W. 115 DRIVE			2.2 NAME 2.3 STREET ADDRESS		+4 - × ,	١	
CITY - ST - ZIP	CORAL SPRINGS FL 330			ITY-S	T - ZIP			
TITLE		☐ DELETE	3.1 1			Change Ad	dition	
NAME	I		3.2 8/	AMF	1			

CITY-ST-ZIP 6.4 CITY-ST-ZIP 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 trusted 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 attachinent with an address

3.3 STREET ADDRESS 3 4. CITY-ST-ZIP

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.1 TITLE

4, 2 NAME

51 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

THILE NAME

TITLE

NAME

DELETE

DELETE

DELETE

Change

Change

Change

Addition

Addition

Addition

**FILED** 

Apr 21 1998 8:00am

Secretary of State