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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 02 1997 8:00am

Secretary of State

☐ Change

emption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the jurale and that my signature shall have the same legal effect as if made under oath; that cute this report as required by Chapter 607, Florida Statutes; and that my name

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500056665 (9)

SUITE DREAMS VACATION PROPERTIES, INC.

Principal Place of Business		Mailing Address	Mailing Address				C ABBILBON HID INVOLUTION CONTROLLING BONN BOND BOND BONN BILL BILL BILL BILL BILL BONN BONN BONN FOR L				
1069 EAST PAGE DRIVE DELTONA FL 32725 US			1069 EAST PAGE DRIVE DELTONA FL 32725-6041								
							Date Incorporated or Qualified		ate of Last F	Report	
<u> </u>							07/21/1995	04	/26/1996		
	Place of Business	2a. Mailing Address	<u>-</u>				FEI Number			pplied For	
21		26					59-3326952 Not Applicable				
Suite, Apt.		Suite, Apt. #, etc.	27			5.	Certificate of Status Desired			Additional equired	
City & Stat	te	City & State	City & State			6. 1	Election Campaign Financing		\$5.00	May Be	
23		28	<u> </u>				Irust Fund Contribution		Added	to Fees	
Zip	Country	Gountry Zip C			Country 8. This corporation has liability f			or intangible tax under s. 199,032,			
24	25 29 30			Florida Statutes Yes No							
9, Name and Address of Current Registered Agent					 Name and Address of New Registered Age 				Agent		
THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD				81	Name						
343 ALMERIA AVENUE CORAL GABLES FL 33134				82	Street	Address (F.	dress (P.O. Box Number is Not Acceptable)				
	HAL GABLES PL 33134		83					· · · · · · · · · · · · · · · · · · ·	······································		
				84	City	FL 85 Zip Code					
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, typed or priced name of registered agent and titled applicable (NOTE Stagistered Agent signature required when reinstating) DATE DATE											
12.	OFFICERS AND DIRECTORS			13,			DDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTOR	3S IN 12	
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