

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 # **P95000064555 (2)**

1. Corporation Name
CARIBBEAN VACATIONS, INC.



Principal Place of Business
**6313 CORPORATE CT.
FT. MYERS FL 33919**

Mailing Address
**6313 CORPORATE CT.
FT. MYERS FL 33919**

2. Principal Place of Business
21 **4340 W. Hillsborough Ave.**
22 **208**
23 **Tampa, FL**
24 **33614** Country **USA**

2a. Mailing Address
26 **4340 W Hillsborough Ave**
27 **208**
28 **Tampa, FL**
29 **33614** Country **USA**

3. Date Incorporated or Qualified **08/17/1995** 3a. Date of Last Report
4. FEI Number **65-0601852** Applied For
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

9. Name and Address of Current Registered Agent

**MARKO, TRACEY J
6313 CORPORATE CT.
FT. MYERS FL 33919**

10. Name and Address of New Registered Agent

81 Name **Marko, Tracey J**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **8782 NW 20th Manor**
84 City **Coral Springs FL** 85 Zip Code **33071**

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 **Tracey J Marko**

2007 Registered Agent Signature (required when transferring)

DATE **January 31, 1996**

12. OFFICERS AND DIRECTORS
1.1 TITLE **D**
1.2 NAME **BELL, JAMES D**
1.3 STREET ADDRESS **6431 ROYAL WOODS DRIVE**
1.4 CITY, ST, ZIP **FT. MYERS FL 33908**
1.5 ☒ DELETE
2.1 TITLE ☐ DELETE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP ☐ DELETE
3.1 TITLE ☐ DELETE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP ☐ DELETE
4.1 TITLE ☐ DELETE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP ☐ DELETE
5.1 TITLE ☐ DELETE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP ☐ DELETE
6.1 TITLE ☐ DELETE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **President Mathew S. Marko**
1.3 STREET ADDRESS **8782 NW 20th Manor**
1.4 CITY, ST, ZIP **Coral Springs, FL 33071**
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Director Barbara Marko**
2.3 STREET ADDRESS **8782 NW 20th Manor**
2.4 CITY, ST, ZIP **Coral Springs, FL 33071**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Officer/Secretary Carmen Marrier**
3.3 STREET ADDRESS **5 Glengrove Ave, RRT #2**
3.4 CITY, ST, ZIP **Orillia, Ont L6T1X1 CANADA**
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 applicable, or on an attachment with an address.

SIGNATURE: **Mathew S. Marko (President)** 1-31-96 813-935-8159
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)