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 # **P95000064634 (5)**

1. Corporation Name

VACATION ESCAPE OF BOCA RATON, INC.

Principal Place of Business

4800 N. FEDERAL HIGHWAY
SUITE 200-B
BOCA RATON FL

Mailing Address

4800 N. FEDERAL HIGHWAY
SUITE 200-B
BOCA RATON FL

3. Date Incorporated or Qualified: 08/21/1995
3a. Date of Last Report:

2. Principal Place of Business
21 1650 S. Dixie Highway
Suite, Apt. #, etc.
22 #4D
City & State
23 Boca Raton, FL
Zip 24 33423 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33431 Country 30

4. FEI Number: 65-0602048 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 ______

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

	12. Officers and Directors	Delete		13. Additions/Changes	Change	Addition
TITLE	PD	☐	1.1 TITLE		☒	☐
NAME	HAMILTON, ROY D		1.2 NAME			
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200-B		1.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE	VTD	☐	2.1 TITLE		☒	☐
NAME	HAMILTON, JUDY M		2.2 NAME			
STREET ADDRESS	4800 N. FEDERAL HIGHWAY, SUITE 200-B		2.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	Boca Raton, FL 33431		
TITLE		☐	3.1 TITLE		☐	☐
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐	4.1 TITLE		☐	☐
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐	5.1 TITLE		☐	☐
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐	6.1 TITLE		☐	☐
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 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 on an attachment with an address.

SIGNATURE: Judy M. Hamilton 2/9/96 407-347-7172
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUDY HAMILTON

CR2E034 (12/95)