

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Jul 31 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 # P96000032274 (8)
 1. Corporation Name
VACATION NANNIES, INC.



Principal Place of Business 13300 87TH AVE N. SUITE B SEMINOLE FL 34646	Mailing Address 13300 87TH AVE N. SUITE B SEMINOLE FL 34646
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 13300 87th Ave. N.	2a. Mailing Address 26 11125 Park Blvd.
22 B	27 104-138
23 Seminole, FL	28 Seminole, FL
24 33716 Country U.S.A.	29 33712 Country U.S.A.

3. Date Incorporated or Qualified 04/15/1996	3a. Date of Last Report N/A
4. FEI Number 59-3371943	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**KUENN, CHRISTINA
 12727 115TH STREET NO. STE 1002
 LARGO FL 34648**

10. Name and Address of New Registered Agent
 81 Name **Christina D. Archer**
 82 Street Address (P.O. Box Numbers Not Acceptable)
11125 Park Blvd.
 83 **Suite 104-138**
 84 City **Seminole** FL 85 Zip Code **33712**

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 *Christina D. Archer* **Christina D. Archer, Registered Agent 7/28/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KUENN, CHRISTINA A	
STREET ADDRESS	12727 115TH STREET NO. STE 1002	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KUENN, KURT D	
STREET ADDRESS	12727 115TH STREET NO. STE 1002	
CITY-ST-ZIP	LARGO FL 34648	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ARCHER, JULIA M	
STREET ADDRESS	13300 87TH AVENUE NO.	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARCHER, WILLIAM C	
STREET ADDRESS	13300 87TH AVENUE NO.	
CITY-ST-ZIP	SEMINOLE FL 34646	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Barbara Hanson	
1.3 STREET ADDRESS	4133 Virginia Cir. E.	
1.4 CITY-ST-ZIP	Whitehall, OH 43213	
2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Christina D. Archer	
2.3 STREET ADDRESS	10120 Panama Ct.	
2.4 CITY-ST-ZIP	Seminole, FL 33716	
3.1 TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Julia M. Archer	
3.3 STREET ADDRESS	13300 87th Ave. N.	
3.4 CITY-ST-ZIP	Seminole, FL 33716	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Christina D. Archer* **Christina D. Archer Pres 7/28/97** 813-581-7999

CR2E034 (4/97)