

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

FILED  
Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **P96000034792 (7)**  
1. Corporation Name  
**VACATION CONDOS USA, INC.**

Principal Place of Business <b>5726 CORTEZ ROAD WEST, SUITE 184 BRADENTON FL 34210-2796</b>	Mailing Address <b>5726 CORTEZ ROAD WEST, SUITE 184 BRADENTON FL 34210-2796</b>
----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>N/A</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 <b>N/A</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified <b>04/22/1996</b>		4. FEI Number <b>65-0659379</b> Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name <b>N/A</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b>
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 **N/A**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOVIN, R. RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>5726 CORTEZ ROAD WEST, SUITE 184</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34210-2796</b>	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, SAID</b>	2.2 NAME	
STREET ADDRESS	<b>5726 CORTEZ ROAD WEST, SUITE 184</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34210-2796</b>	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMRANI, MAHMOUD</b>	3.2 NAME	
STREET ADDRESS	<b>5726 CORTEZ ROAD WEST, SUITE 184</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL 34210-2796</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: **R. R. Bovin** **R. Richard Bovin** **0415-98 (941) 785-0885**

CP2E034 (10/97)