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FILED
Sep 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000076484 (0)

1. Corporation Name
ELITE VACATIONS INC.



Principal Place of Business: **7041 GRAND NATIONAL DR. 236 ORLANDO FL 32819 US**
 Mailing Address: **C/O CHASTANG, 1400 W. FAIRBANKS AVE. 102 WINTER PARK FL 32789 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **435 West Vine ST**
 Suite, Apt. #, etc.
 22 City & State
 23 **Kissimmee FL**
 Zip Country
 24 **34749** 25 **Osceola** 26 **435 West Vine ST**
 Suite, Apt. #, etc.
 27 City & State
 28 **Kissimmee FL**
 Zip Country
 29 **34741** 30 **Osceola**

3. Date Incorporated or Qualified
09/13/1996
 4. FEI Number
65-0733915 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LEWIS, ROBERT K JR. 6237-A PRESIDENTIAL COURT FORT MYERS FL 33919
 10. Name and Address of New Registered Agent
 B1 Name **Robert S. Hayes, R. A.**
 B2 Street Address (P.O. Box Number is Not Acceptable) **441 West Vine St.**
 B3 City **Kissimmee** FL B5 Zip Code **34741**

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: *Robert S. Hayes* DATE: **9-24-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRISON, MARTYN	1.2 NAME	
STREET ADDRESS	7 ST JOHNS RD, COOMB HOUSE, ISLEWORTH, MIDL.	1.3 STREET ADDRESS	
CITY- ST- ZIP	TW7 6NA UNITED KINGDOM	1.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE	VP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILLE, JAMES H	2.2 NAME	
STREET ADDRESS	7041 GRAND NATIONAL DR., STE. 236	2.3 STREET ADDRESS	
CITY- ST- ZIP	ORLANDO FL	2.4 CITY- ST- ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		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 report does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplement 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 registrant or am 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 a supplemental statement of address.
 SIGNATURE: *James H. Baille* DATE: **9-24-98** **407-518-7144**

CR2E034 (10/97)