

4-18-97 B-8396 C
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
Sep 18 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 # P96000077862 (6)

1. Corporation Name

LIBERTY VACATION HOMES, INC.



Principal Place of Business 3501 W. VINE STREET SUITE 382 KISSIMMEE FL 34741	Mailing Address 3501 W. VINE STREET SUITE 382 KISSIMMEE FL 34741
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3501 WEST VINE STREET Suite, Apt. #, etc. 22 SUITE 267 City & State 23 KISSIMMEE FLORIDA Zip 24 34741		2a. Mailing Address 26 3501 WEST VINE STREET Suite, Apt. #, etc. 27 SUITE 267 City & State 28 KISSIMMEE FLORIDA Zip 29 34741		3. Date Incorporated or Qualified 09/18/1996		3a. Date of Last Report N/A	
5. Certificate of Status Desired L1		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Additional Fee Required \$8.75 May Be Added to Fees	

9. Name and Address of Current Registered Agent SCHWARTZ, JOHN 3501 W. VINE STREET SUITE 382 KISSIMMEE FL 34741				10. Name and Address of New Registered Agent 81 Name SCHWARTZ, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 1633 EAST VINE STREET, SUITE 214 83 84 City KISSIMMEE FL 85 Zip Code 34742			
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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	
NAME	ROWE, NIGEL SEAN	1.2 NAME	
STREET ADDRESS	3501 W VINE ST, STE 382	1.3 STREET ADDRESS	3501 W. VINE ST STE 267
CITY-ST-ZIP	KISSIMMEE FL 34741	1.4 CITY-ST-ZIP	KISSIMMEE FL 34741
TITLE	DS	2.1 TITLE	
NAME	ROWE, SUSANNE MARIE	2.2 NAME	
STREET ADDRESS	3501 W VINE ST, STE 382	2.3 STREET ADDRESS	3501 W. VINE STREET STE 267
CITY-ST-ZIP	KISSIMMEE FL 34741	2.4 CITY-ST-ZIP	KISSIMMEE FL 34741
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 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:

SIGNATURE: [Signature]

7/23/97

107 922-1157

CR2E034 (4/97)