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FILED

Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000077862 (6)

1. Corporation Name  
LIBERTY VACATION HOMES, INC.



Principal Place of Business

Mailing Address

3501 W. VINE STREET  
SUITE 267  
KISSIMMEE FL 34741  
US

3501 W. VINE STREET  
SUITE 267  
KISSIMMEE FL 34741  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1996

4. FEI Number

59-3408928

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

2. Principal Place of Business  
21 3501 W. VINE ST

Suite, Apt. #, etc.

22 SUITE 326

City & State

23 KISSIMMEE

Zip

24 34741

Country

25 U.S.

2a. Mailing Address

26 3501 W. VINE ST.

Suite, Apt. #, etc.

27 SUITE 326

City & State

28 KISSIMMEE

Zip

29 34741

Country

30 U.S.

9. Name and Address of Current Registered Agent

SCHWARTZ, JOHN  
1633 E VINE STREET  
SUITE 214  
KISSIMMEE FL 34742

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT ☐ DELETE

NAME ROWE, NIGEL SEAN

STREET ADDRESS 3501 W VINE ST., SUITE 267

CITY-ST-ZIP KISSIMMEE FL

TITLE DS ☐ DELETE

NAME ROWE, SUSANNE MARIE

STREET ADDRESS 3501 W VINE STREET, SUITE 267

CITY-ST-ZIP KISSIMMEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

2/18/98

(607) 932-1152

CR2E034 (10/97)