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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthwiff

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015209 (4)

VACATION OWNERSHIP COMPANY

Principal Place of Business Mailing Address 2005-C KURT STREET 2605-C KURT STREET EUSTIS FL 32728 EUSTIS FL 32726 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/13/1997 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution

This corporation owes or has paid the current year Integrible

Yes No Trust Fund Contribution Added to Fees 28 Zip Country Country 24 25 29 30 . Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GRAHAM, GEORGE JR. 2605-C KURT STREET Street Address (P.O. Box Number is Not Acceptable) EUSTIS FL 32726 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. I am lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or publied name of registered agent and title if applicable (NOTE: Rogistered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1 1 TITLE Change Addition TITLE **GRAHAM, GEORGE JR.** NAME 1.2 NAME 2005-C KURT STREET STREET ADDRESS 1.3 STREET ADDRESS BUSTIS FL 32726 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-S1-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST-ZIP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELE16 4<u>00</u>00025767**8** TITLE 6.1 TITLE NAME 6.2 NAME --07/01/99---01009---0**25** STREET ADDRESS 6.3 STREET ADDRESS ***150.00

64 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 fursice 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: Dum Branch GERRE GRAHA JA. 4/1/05 (352) 58-25-C2

FILED Jun 29 1998 8:00am Secretary of State