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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000030889 (4)

**VACATION CELEBRATION, INC.** 

## **FILED** May 11 1998 8:00am Secretary of State



Principal Place of Business Mailing Address	ni seeri aarii aasii aasii aasia diisi basal terbi salla 1814 1884
\$325 BARTLETT BLVD. 3325 BARTLETT BLVD. ORLANDO FL 32811	
	DO NOT WRITE IN THIS SPACE
3. Date incorporate	
2. Principal Place of Business         2e. Mailing Address         4. FEI Number	
	146073 Applied For Not Applicable
Suite Apt. # etc. Suite Apt. # etc.	SR 75 Additional
5. Certificate of Sta	atus Desired Fee Regulred
City & State City & State 6. Election Campai	
23 Trust Fund Control	
<b>F</b>	rowes or has paid the current year Intangible try Tax due June 30.
9. Name and Address of Current Registered Agent 10. Name and Address	ress of New Registered Agent
SCHWARTZ, JAMES 81 Name	
416 DREW STREET  82 Street Address (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34815 900 Winderley Place	
B3 Suite 122	İ
84 City	85 Zip Code
maitland	FL 3275/
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both in the State of Florida. Such change was authorized by the corporation's board of directors	atement for the purpose of changing its registered
agent. I am familiar with, and acoupt the obligations of Soelion 607.0505, Florida Statutes.	
SIGNATURE  Signature type-Lor printed your oil region red agreet and title if applies at life (INCITE) Registered Agent signature required when reinstating)	DATE
	NGES TO OFFICERS AND DIRECTORS IN 12
TITLE DELETE 15 TITLE	☐ Change ☐ Addition
NAME JOIN, Eric J 12 NAME	
STREET ADDRESS 3335 BOTH OH BIVD 1.3 STREET ADDRESS	ٳؙ
CITY-ST-ZIP Orlando EL 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE	Change Addition
NAME 2.2 NAME	Onlinge Adduction .
STREET ADDRESS 2.3 STREET ADDRESS	
CITY-SI-ZIP 2.4 CITY-SI-ZIP	}
TITLE DELETE 31 TITLE	Change Addition
NAME 32 NAME	1
STREET ADDRESS 3.3 STREET ADDRESS	
CITY-ST-ZIP 3.4. CITY-ST-ZIP	
TITLE DELETE 4.1 TITLE	Change Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CITY-ST-ZIP 4.4 CITY-ST-ZIP	
TITLE DELETE 51 TITLE	Change Addition
NAME 5.2 NAME	
STREET ADDRESS 5.3 STREET ADDRESS	
CITY-ST-ZIP         5.4 CITY-SI-ZIP           TITLE         □ DELETE         6.1 TITLE	Change Addition
	C ounder E Mantou
STREET ADDRESS 6.3 STREET ADDRESS 6.4 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), Fig.	orida Statutes. I further certify that the information

indicated on this annual report of 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 a 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