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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700030889 1. Corporation Name

VACATION CELEBRATION, INC.

FILED Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90016 019 ***150.00



						<u> </u>		
Principal Place of Business Mailing Address					. (Billiam tid (Stri (Shi) parti antit matt) anna titt	., (5.1.5 15.1 15.1		
3325 BARTLETT BLVD. 3325 BARTLETT BLVD. ORLANDO FL 32811 ORLANDO FL 32811								
						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						04/04/1997		
Principal Place of Business ,							oplied For	
21 1130 Celebration Blvd 26 Same						59-3446073 N	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional	
22						Fee R	equired	
City & State City & State City & State 23 Celebration FL 28						6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
24 34747 25 29 30 30 9. Name and Address of Current Registered Agent						Personal Property Tax. Yes LINO 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registered Agent	_	81	Name	To. Haine and Address of New Registered Agent		
WATSON, LAWRENCE M JR P 900 WINDERLEY PLACE SUTIE #122								
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83			, , , ,	
MAITALND FL 32751								
1711 W 1	72.01		ſ	84	City	FL 85 Zip	Code	
44 Dimensions	the provinces of Sections 607.066	02 and 607 1508 Florida Sta	tutes the ah		named corn	poration submits this statement for the purpose of changing its	registered	
office or re	egistered agent, or both, in the State	e of Florida. Such chaлge was	s authorized	DV III	ne corporation	on's board of directors. I hereby accept the appointment as re	egistered	
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0000, h	-ionda Statu	iles.				
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable (NC	TE: Registered A	Agent s	signature reduire	od when reinstating) DATE		
12.		ND DIRECTORS	13.	- igo		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	ORS IN 12	
TITLE	0	☐ DELETE	1.1 ππ.	LE		☐ Change	Addition	
NAME	JOLLY, ERIC J		1.2 NAA	ME)			
STREET ADDRESS	3325 BARTLETT BLVD		1.3 STF	REETA	DDRESS	•		
CITY-ST-ZIP	ORLANDO FL		1.4 CIT			·		
TITLE	OND NO 1	DELETE	2.1 TITL			☐ Change	Addition	
NAME			2.2 NAM	ME				
STREET ADDRESS			2.3 STR	REETA	DDRESS			
CITY-ST-ZIP			2. 4 CIT	TY-ST-	. ZIP			
TITLE 2		☐ DELETE	3.1 TITL			Change	☐ Addition	
NAME			3.2 NAM	ME	1			
STREET ADDRESS			3.3 STF	REETA	ADDRESS	مرسية		
CITY-ST-ZIP			34 CIT	ry-st-	ZIP			
TITLE		☐ DELETE	4 1 TITL			☐ Change	Addition	
NAME			4. 2 NA	ME	Ì			
STREET ADDRESS			4.3 STF	REETA	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	5.1 TITI	ιE		☐ Change	☐ Addition	
NAME			5.2 NAM				•	
STREET ADDRESS			5.3 STF	REETA	ADORESS			
C TY-ST-ZIP			5.4 C/T		Z)P			
TITLE		☐ DELETE	6.1 TITL	LE		Change .	☐ Addition	
NAME .			6.2 NAM	ME				
STREET ADDRESS			6.3 STF	REET A	ADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR