

SE NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 16 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P97000037005 (0)

1. Corporation Name  
 VACATION BREAK OF SEACOAST INC

Principal Place of Business  
 4200 62 AVE N. SUITE I  
 PINELLAS PARK FL 33781

Mailing Address  
 4200 62 AVE N. SUITE I  
 PINELLAS PARK FL 33781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
 04/24/1997

4. FEI Number

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29 30

9. Name and Address of Current Registered Agent

FAIRBROTHER, MICHELLE  
 4200 62 AVE N, SUITE I  
 PINELLAS PARK FL 33781

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBROTHER, MICHELLE	1.2 NAME	
STREET ADDRESS	10770 43 ST N #605	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34622	1.4 CITY-ST-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREMBATH, FRAN	2.2 NAME	
STREET ADDRESS	6030 HIGHLAND ST S	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33705	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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:

*Fran Trembath*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/98  
 Date

813.521-9300  
 (Daytime Phone #)

CR2E034 (5/98)

**VACATION BREAK OF SEACOAST, INC.**

4200 62ND AVENUE  
SUITE 1  
PINELLAS PARK, FL 33781

Phone (813) 521-9300  
Fax (813) 521-4035

August 13, 1998

TO WHOM IT MAY CONCERN,

THIS LETTER IS TO INFORM YOU THAT WE NEVER RECEIVED THE FIRST RENEWAL NOTICE OF THE CORPORATE ANNUAL REPORT. I SPOKE WITH A SUPERVISOR AND THEY INFORMED ME TO SEND YOU A LETTER INDICATING THE SITUATION & TOLD ME THE PENALTY WILL BE WAIVED. WE HAVE ENCLOSED THE ORIGINAL FILING FEE OF \$150.00 WHICH WE WERE TOLD TO BE & EXPECT TO BE SUFFICIENT. THANK YOU FOR YOUR COOPERATION.

SINCERLY,

JERRY HARRELSON