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 # P9700040239

1. Corporation Name

Principal Place of Business

VACATION-LINE, INC.

Mailing Address 777 BRICKELL AVENUE

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90160 012 ***150.00

SU	7 BRICKELL AVENUE JITE 1070 AMI FL 33131	777 BRICKELL AVENUE Suite 1070 Miami Fl 33131					DO NOT WRITE IN THIS SPACE				
US	3	US	•			3.	Date Incorporated or Qualifect				
			_			\	05/02/1997				
2.	Principal Place of Business /	2a. Mailin	g Address	4		4.	FEI Number		L	Applied For	
21	SS Beetel Hou	26 - 5	BUCKELLE	4	<u>ć</u>	<u> </u>	65-0759251	<u></u>	داتنے	-Not Applicable -	
22	Suite, Apt. #, etc.		Apt. #, etc.	-		5.	Certificate of Status Desired		·	75 Additional ee Required	
	City & State	City 8	State			6.	Election Campaign Financing Trust Fund Contribution			.00 May Be	
23		28		intry		+				<u> </u>	
24	Zip Country	Zip	30	ина у		8.	This corporation owes the cui Personal Property Tax.	rent year ir	itangible Yes	party at	
24	9. Name and Address of Currer			7		10.	Name and Address of New	Registered	Agent		
KENNEY, JUDITH 888 BRICKELL AVE SUITE 1070 MIAMI FL 33131				81 82 83	Street Address (P.O. Box Number is Not Acceptable) 7.77 Brickell Avenue						
	,			84	City			FI	85	Zip Code	

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.									
TITLE	DELETE	1.1 TITLE		Change	☐ Addition						
NAME	MASTERS, RICHARD	1.2 NAME	- 11/6		1						
STREET ADDRESS	777 BRICKELL AVE., STE 1070	1.3 STREET ADDRESS	888 Becket Gre								
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP									
TITLE	D DELETE	2.1 TITLE		☐ Change	☐ Addition						
NAME	BEATTY, ADRIAN	2.2 NAME									
STREET ADDRESS	777 BRICKELL AVE., STE 1070	2.3 STREET ADDRESS			<u></u>						
CITY-ST-ZIP	MIAMI FL 33131	2, 4 CITY-ST-ZIP									
TITLE	D DELETE	3.1 TITLE	·	☑ Change	☐ Addition						
NAME	HIBSON, PATRICK	3.2 NAME	#		į						
STREET ADDRESS	777 BRICKELL AVE., STE 1070	3.3 STREET ADDRESS	•								
CITY-ST-ZIP	MIAMI FL 33131	3.4. CITY-ST-ZIP									
TITLE	D DELETE	4.1 TITLE		□ -Change	Addition						
NAME	MORRIS, WILLIAM	4.2 NAME	-		ļ						
STREET ADDRESS	777 BRICKELL AVE., STE 1070	4.3 STREET ADDRESS	·								
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP									
TITLE	DELETE	5.1 TITLE		Change	☐ Addition						
NAME		5.2 NAME									
STREET ADDRESS		5.3 STREET ADDRESS			J						
CITY-ST-ZIP		5.4 CITY-ST-ZIP]								
TITLE	. □ DELETE	6.1 TITLE		☐ Change	☐ Addition						
NAME	•	6.2 NAME									
STREET ADDRESS		6.3 STREET ADDRESS			[
CITY-ST-ZIP	·	6.4 CITY-ST-ZIP									

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.

SIGNATURE:

MILICIALLICK NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF