

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

7.

FILED

Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000056442 (1)**

1. Corporation Name

VACATION CRUISE BREAK, INC.



Principal Place of Business 19056 NE 29TH AVENUE NORTH MIAMI BEACH FL 33180	Mailing Address 19056 NE 29TH AVENUE NORTH MIAMI BEACH FL 33180
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1997

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

2. Principal Place of Business

21 **1721 S.W. 105th LANE**

Suite, Apt. #, etc.

22

City & State

23 **DAVIE, FLORIDA**

Zip

24 **33324**

Country

25

2a. Mailing Address

26 **1721 S.W. 105th LANE**

Suite, Apt. #, etc.

27

City & State

28 **DAVIE, FLORIDA**

Zip

29 **33324**

Country

30

9. Name and Address of Current Registered Agent

**SHEROTA, RHEA
19056 NE 29TH AVENUE
NORTH MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name **SHEROTA, RHEA**
82 Street Address (P.O. Box Number is Not Acceptable)
1721 S.W. 105th LANE

83

84 City **DAVIE**

FL

85 Zip Code
33324

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.

RHEA SHEROTA - DIRECTOR

7-20-98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D SHEROTA, RHEA**
STREET ADDRESS **19056 NE 29TH AVENUE**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33180**

TITLE ☐ DELETE

NAME **VP SHEROTA, JEFFREY**
STREET ADDRESS **1721 S.W. 105th LANE**
CITY-ST-ZIP **DAVIE, FLORIDA 33324**

TITLE ☐ DELETE

NAME **VP SHEROTA, JEFFREY**
STREET ADDRESS **1721 S.W. 105th LANE**
CITY-ST-ZIP **DAVIE, FL. 33324**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **1721 S.W. 105th LANE**
1.4 CITY-ST-ZIP **DAVIE, FLORIDA 33324**

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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), 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:  **RHEA SHEROTA - DIRECTOR** 7/20/98 305-926-9115

CR2E034 (5/98)