

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

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90035 036 \*\*\*150.00

DOCUMENT # P97000061218

1. Corporation Name  
FLORIDA VACATION STATION, INC.

Principal Place of Business  
2345 SANDLAKE ROAD SUITE 100  
ORLANDO FL 32809

Mailing Address  
2345 SANDLAKE ROAD SUITE 100  
ORLANDO FL 32809

**\*\*please note address  
correction\*\***

**\*\*please note address  
correction\*\***

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/10/1997

4. FEI Number  
59-3490309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business  
21 2345 Sand Lake Road  
Suite, Apt. #, etc.  
22 Suite 100  
City & State  
23 Orlando, Florida  
Zip Country  
24 32809 25

2a. Mailing Address  
26 2345 Sand Lake Road  
Suite, Apt. #, etc.  
27 Suite 100  
City & State  
28 Orlando, Florida  
Zip Country  
29 32809 30

9. Name and Address of Current Registered Agent

BEYER, DAVID A  
C/O RUDNICK & WOLFE  
101 EAST KENNEDY BLVD., SUITE 2000  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name  
Korshak, Stephen D.  
82 Street Address (P.O. Box Number is Not Acceptable)  
2345 Sand Lake Road, Suite 120  
83  
84 City  
Orlando FL 85 Zip Code  
32809

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 *Stephen D. Korshak* Stephen D. Korshak

01/11/99

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME LINDEN, DEBORAH L  
STREET ADDRESS 2345 SANDLAKE ROAD SUITE 100  
CITY-ST-ZIP ORLANDO FL 32809  
**\*\*please note address  
correction\*\***

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPST  
1.2 NAME Linden, Deborah L.  
1.3 STREET ADDRESS 2345 Sand Lake Road, Suite 100  
1.4 CITY-ST-ZIP Orlando, Florida 32809

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: *Deborah L. Linden* Deborah L. Linden  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/11/99

Date

407-859-8900

Daytime Phone #

0096557

CR2E034 (1/98)