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 # P9700061322

1. Corporation Name

B.L. VACATION OWNERSHIP, INC.

Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90006 047 ***150.00



Principal Place of Business Mailing Address					T 1981/1881 110 1911/1 1061/1 461/1 001/1 001/1 001/4 01/41 11860 1/1/4 1/6/4 1/6/4
3015 N OCEAN BLVD STE 121 3015 N OCEAN BLVD STE 12			1		
FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
,					07/15/1997
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
26 871 W. Cak)			and l	Parkt	APPLIED FOR 65-0826472 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					\$ Codificate of Status Desired \$8.75 Additional
22 27				,	Fee Required
City & State			ماما		6. Election Campaign Financing \$5.00 May Be
23	28 Ft. Louderdak Country Zip Cou		Countr	+ C	
Zip			•	y	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No
24 25 29 331 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
				1 Name	
BLODIG, GREGORY J			-	0 04	ddress (P.O. Box Number is Not Acceptable)
100 W CYPRESS CREEK ROAD STE 700			82	Z Street Ad	ddress (P.O. Box Number is Not Acceptable)
FT L	AUDERDALE FL 33309		83	3	
				4 07	85 Zip Code
		•	84	4 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na					orporation 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	termier with a secopi are song				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	ent signature requ	quired when reinstating) OATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D DOMESTIC PROPERTY.	☐ DELETE	1.1 TITLE		Containing — — Addition
NAME	BRITZIUS, RICHARD		1.2 NAME		
STREET ADDRESS	3015 N OCEAN BLVD STE 121			ET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY 2.1 TITLE		Change Addition
TITLE	D DANIEL	₩ DELETE	2.1 MILE		
NAME	LAMBERT, DANIEL 3015 N OCEAN BLVD STE 121			ET ADDRESS	
ET LAUDEDDALE EL COCCO			2.4 CITY-		
CITY-ST-ZIP TITLE	FI LAUDENDALE FE 33300	☐ DELETE	3.1 TITLE	-	
NAME	_		3.2 NAME		·
STREET ADDRESS	•	a esect	•	ET ADORESS	
CITY-ST-ZIP			3.A. CITY-	ST-ZIP	
TITLE		☐ OELETE	4.1 TITLE		☐ Change · ☐ Addition
NAME			4. 2 NAME	Ε	
STREET ADDRESS			4.3 STREI	ET ADDRESS	`
CITY-ST-ZIP			4.4 CITY-	\$T-ZIP	,
TITLE		☐ DELETE	5.1 TITLE		, Change Addition
NAME			5.2 NAME	:	
STREET ADDRESS				ETADORESS	
CITY-ST-ZIP		<u> </u>	5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition
NAME		,	6.2 NAME		
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	•		6.4 CITY-	ST-ZIP	

14. 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 omnowared 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:

CITY-ST-ZIP

SNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR