## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000088445 (6) DOCUMENT #

THE TIMESHARE MALL ONLINE, INC.

**FILED** Jun 30 1998 8:00am Secretary of State



	3								
Principal Place of Business Mailing Address									V. 2
11512 ALMO COURT 11512 ALMO COURT									
CLERMONT FL 34711 CLERMONT FL 347							DO NOT WRITE IN THIS SPACE		
	2 2 2 3						<ol> <li>Date Incorporated or Qualified</li> <li>10/14/1997</li> </ol>		
2. Principal Pla	act of Business	2a, Mailing Address				4 FEI Number	Ar	oplied For	
21			26				59-3472548		ot Applicable
Suite, Apt. #, étc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Required	
City & State -			City & State				B. Election Campaign Financing     Trust Fund Contribution		May Be to Fees
Zip	i Co	untry					Trust Fund Contribution LJ  8. This corporation owes or has paid the	<del></del>	
24	25	unity	29	30	,		Personal Property Tax due June 30.	Yes [	Ŭ No
571		dress of Curre	nt Registered Agent		$\top$		10. Name and Address of New Register	Agent	
	ERILAWYER				81	Name			
343 ALMERIA AVENUE					82	Street A	ddress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134					83				
F	4 2				L	City		les 7in	Code
4 - 4	÷				84	City		· <b>L</b>	
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									
Storature: Typed or printed name of registered agent and title if applicable (NOT					tered Age	ent signature r	required when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		RS IN 12
12.	PSTD	OFFICE AN	DELE		.1 TITLE		ADDITIONO/OFFINIOLO TO OFFIOERO	Change	Addition
NAME	MILLAFANE, JO	HN-JOHN		1	.2 NAME				
STREET ADDRESS	#1512 ALMO (			1.3 STREET ADDRESS					
CITY-ST-ZIP	<b>CLERMONT</b> FL	. 34711	1.4.0		.4 CITY - S	ST-ZIP			
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NAME	MILLAFANE, JO		2		2.2 NAME 2.3 STREET ADDRESS				
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NAME	<u> </u>			5	2 NAME				
STREET ADDRESS	# 3			5	3 STREET	ADDRESS			
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NAME	· ·				i.2 NAME		2 <b>0</b> 0002577* -07/01/3801046	1123	J.A. J.D.
STREET ADDRESS	- .t 3-					ADDRESS	***150.00	ا پر پ	107
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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 informatio 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 changer, or on an attachment with an address.