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

FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE:

Aug 13 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 'P9700093330 (3) CAPE CORAL VACATION PROPERTIES, INC. Principal Place of Business Mailing Address 3013 DEL PRADO BLVD. STE. 5 3013 DEL PRADO BLVD. STE. 5 CAPE CORAL FL 33904 CAPE CORAL FL 33904 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired. Fee Regulred 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes □Ño 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PATTERSON, CHRISTINE J 3013-5 DEL PRADO BLVD. SOUTH 82 Street Address (P.O. Box Number is Not Acceptable) CAPE CORAL FL 83 84 City 85 Zip Code 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, typicd or printed name of registered agent and title if applicable (NOTE flegistered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE ARS M. KRONER 1,1 TITLE NAME PRES /DIR 1.2 NAME CP2E034 KAISEC STR 31 D-66849 STREET ADDRESS 1.3 STREET ADDRESS GER. CITY-ST-ZIF **LANDSTUHL** 1.4 CITY-ST-ZIP DENGEL DELETE LILIANE B. T TREASIV. PRES Change Addition TITLE 2.1 TITLE NAME 22 NAME KAISER STR31 D66849 STREET ADDRESS 2.3 STREET ADDRESS LANDSTUHC, GER CITY+ST-ZIP 2.4 CITY - \$1 - ZIP 3.1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 1(TLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 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 14. Thereby certily 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 of 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 on a state of the corporation of C/6 85 (941) 945 . 1220

FILED

ARSM KRONER PRES