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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P97000105280 (6)

VACATION TIME TRAVEL, INC.

Principal Place of Business Mailing Address 701 BRICKELL AVENUE #1600 (NJD) 701 BRICKELL AVENUE #1600 (NJD)

FILED May 05 1998 8:00am Secretary of State



8. Principal Place of Business 2. Adming Address 2. Entropined Place of Business 2. Entropined Place Pla	MIAMI FL 331	31	MIAMI FL 33131	·		DO NOT WRITE I	IN THIS SP/	ACE.	
Principle Place of Business 2a. Mailing Address 4. FEI Number Address Addres									
Principle Place of Business 2a. Mailing Address 4. FEI Number Address Addres						12/15/1997			,
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Cay & State Cay & St	2. Principal Pl	ace of Business	2a. Mailing Address					TX	Applied For
City & State	21		26				X		Not Applicable
City & State	Suite, Apt.	f, etc.	Suite, Apt. #, etc.			6 Certificate of Status Desired			
20 20 20 30 30 30 30 30	22					V. Certificate of Status Desired		Fee !	Required
SCHMIDT, WILLIAM Commend Address of Current Registered Agent SCHMIDT, WILLIAM Commend Address of Current Registered Agent SCHMIDT, WILLIAM Commend Address of New Registered Agent SCHMIDT, WILLIAM Commend Agent Address (SC Qpp Number Not Acceptable) SCHMIDT, WILLIAM Commend Agent Agent Agent Schmidt Stellutes Schmidt Agent Stellutes Schmi		•					_	\$5.0	O May Be
9. Name and Address of Current Registered Agent SCHMIDT, WILLIAM C 6400 NORTH ANDREWS AVENUE PARK PLAZA - SUITE 200 FORT LAUDERDALE FL 33309 11. Pursuant to this provisions of Sections 607 0502 and 607 1508. Floridal Statutos, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Such change was submitted by the corporation's board officer or registered agent, or both, in the State of Florida, Such change was submitted by the corporation's board of floridars. Such change was submitted by the corporation's board officers. I hereby accept the appointment as registered agent, and accept the edition of registered agent appointment as registered agent appointment and registered agent appointment as registered agent appointment and registered agent appointment as registered agent appointment as a registered agent appointment as a registered agent appointment as a registered agent appointment and registered agent appointment as a registered agent appointment agent appointment as a registered agent appointment agent appointment as a regi	23								
SCHMIDT, WILLIAM C 8400 NORTH ANDREWS AVENUE PARK PLAZA - SUITE 200 FORT LAUDERDALE FL 33309 84 City Delray Beach 10. Neme and Address of New Registered Agent 82 Syen Adjess & C. O. Sox, Number is Not Acceptable) 64 S. E. Sch Avenue 83 Set City Delray Beach 11. Pursuant to the provisions of Sections 60/0502 and 607 1508, Forida Sitetures, 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 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 office or registered agent. I mellifer with, and accept the obligations of, Section's 6056, Florida Situations, the above named corporation's board of directors. I hereby accept the appointment as registered office of section of the purpose of changing its registered office of section of the purpose of changing its registered office of section of the corporation's board of directors. I hereby accept the appointment as registered office of section of the corporation's board of directors. I hereby accept the appointment as registered office of sections in the purpose of changing its registered office of section of the corporation's board of directors. I hereby accept the appointment as registered office of section of the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the appointment as registered office and the corporation's board of directors. I hereby accept the appointment as registered office of the corporation's board of directors. I hereby accept the purpose of changing its registered office and the corporation of purpose of the purpose of changing its registered office. 12 Additional Section of the corporation of purpose of the corporat	—	<u>├</u>	├ ┐ '		intry	,	_		
SCHMIDT, WILLIAM C 6400 NORTH ANDREWS AVENUE PARK PLAZA - SUITE 200 FORT LAUDERDALE FL 33309 64 City Delray Beach T1. Pursuant to this provisions of Sections 607 0500 and 607 1508, Fiorida Statutos, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the Statut of Florida, Such change was authorized by the corporation's board of differences. Thereby accept the appointment as registered agent, are body, and accept the chigathoris of, Section 607 0505, Fiorida Statutos. SIGNATURE S	24			30	I				No No
Schmidt, WILLIam C. 82 Street Address (E.) De Number is Not Acceptable) FORT LAUDERDALE FL 33309 84 City De1ray Beach FL St. St. Avenue 85 Street Address (E.) De Number is Not Acceptable) 64 S.E. St. Avenue 86 Street Address (E.) De Number is Not Acceptable) 65 St. St. Avenue 66 S.E. St. Avenue 67 St. St. St. Avenue 87 St. St. St. Avenue 88 Street Address (E.) De Number is Not Acceptable) 68 St. St. St. Avenue 69 City De1ray Beach FL St.			r vadistalan vidalit		81 Name		ISTOLOG WÖ		
PARK PLAZA - SUITE 200 FORT LAUDERDALE FL 33309 44 City Del ray Beach FL 85 39 689 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am descript the obligations of, Section 607 0505, Florids Statutes, as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am definition with, and except the objective of protein of 50505, Florids Statutes. SIGNATURE SIGNATURE DELETE 11 TITLE D. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. DELETE 11 TITLE D. P. P. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. SIRRET ADDRESS CITY-ST-ZIP TITLE D. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ADDITIONS/CHANGES TO OFFI									
FORT LAUDERDALE FL 33309 State					62 Street	Address (P.O. Box Number is Not Acceptable	э)		
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 Findria Statutes, 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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 NAME SIRRET ADDRESS CITY-ST-2P 4000 NORTH ANDREWS AVENUE #200 FORT LAUDERDALE FL 33309 14. CITY-ST-2P TITLE 15. THE 15						S.E. Jell Avenue			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stetutos, 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 femiliar with, and accept the obligations of, Section 607.0505, Florida Statuted. Signature in terminary with and accept the obligations of, Section 607.0505, Florida Statuted. Signature in the purpose of changing its registered agent is mit femiliar with and accept the obligations of, Section 607.0505, Florida Statuted. Signature in the purpose of changing its registered agent is mit femiliary and size of section 607.0505. Florida Statuted in the femiliary	FU	RI LAUDENDALE FL 33309			**				
11. Presuant to the provisions of Sections 607 0509 and 607 1509. For ids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, For ids Statutes. SIGNATURE Signature bysect or protect name of repetited agent and for it replaced. Description of FICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 THE DELETE 11 TITLE D, TANKE DELETE 11 TITLE D, TANKE MAKE SIRRET ADDRESS OTTY-ST-2P TITLE DELETE 11 TITLE DELETE 21 TITLE 22 MME 22 MME 22 MME 23 MME 24 OTTY-ST-2P TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE 24 MME 35 MAGE ADDRESS OTTY-ST-2P TITLE DELETE 31 TITLE DELETE 31 TITLE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS in 12 TANKE ADDRESS OTTY-ST-2P MULLER, RALPH P 44 OTTY-ST-2P TITLE DELETE 31 TITLE DELETE 31 TITLE DELETE 31 TITLE ADDRESS OTTY-ST-2P TITLE DELETE 31 TITLE DELETE					84 City	- Larra Danah		85 Zir	9 C909
SIGNATURE	44 5	- 10-11- 007 DEG	0 1 007 1500 5131- 51		יע ו	elray beach	<u> </u>		
No. Registered Agent Signature required register and the signature required register and the signature required register and the signature required registered Agent Signature regi		igistered agent, or both, in the State in familiar with, and accept the obligation in the state in familiar with, and accept the obligation in the state in the s	of Florida, Such change was ations of, Section 607.0505, F	authorize Iorida Sta	a by the corp lutes.	poration's board of directors. I hereby accept	the appoin	iment a	is registered
DELETE D., P. DELETE 11 TITLE D., P. DELETE 12 MAME MULLER, RALPH P 14 MAME MULLER, RALPH P 16 MONORTH ANDREWS AVENUE #200 FORT LAUDERDALE FL 33309 DELETE 16 CITY-ST-ZIP DELETE	SIGNATURE	Signature, typed or printed name of registered age	ot and title if applicable (NC	TE Registere	d Agent signature	required when reinstating)	DATE		
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP S	12.	OFFICERS AND		13.					
STREET ADDRESS 6400 NORTH ANDREWS AVENUE #200 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS 3.3 STR	TITLE	•	DELETE	1.1 10	TLE		* 2	Change	Addition
TITLE	HAME			1.2 N	AME	- ·			
DELETE DELETE 2.1 TrillE	STREET ADDRESS			1.3 5	TREET ADDRESS				
NAME	CITY-ST-ZIP	FORT LAUDERDALE FL 3330		1.4 C	TY-ST-ZIP	Delray Beach, FL 33483			
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TITLE	_	☐ DELETE	2.1 T#	TLÉ		L] Change	☐ Addition
City-st-zip DELETE DELETE	NAME			2.2 N	AME				
DELETE DELETE 3.1 TITLE Change Addition	STREET ADDRESS			2.3 \$	REET ADDRESS				
NAME	CITY-ST-ZiP			2.40	ITY-ST-ZIP				
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		L_J DELETE	3.1 71	TLE		L.] Change	☐ Addition
STREET ADDRESS STRE				3.2 N	AME				
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP CHANGE Addition TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CRANGE CHANGE Addition STREET ADDRESS G.3 STREET ADDRESS COLTY-ST-ZIP CHANGE CHANGE <th>STREET ADDRESS</th> <th></th> <th></th> <th>3.3 S</th> <th>REET ADDRESS</th> <th></th> <th></th> <th></th> <th></th>	STREET ADDRESS			3.3 S	REET ADDRESS				
NAME	CITY-ST-ZIP							1	<u> </u>
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TITLE		L DECETE	4.1 TI	TLE			J Change	□ Addition
A CITY-ST-ZIP	NAME			4. 2 N	AME]				
TITLE DELETE 5.1 TITLE Change Addition NAME 52 NAME 53 STREET ADDRESS CITY-ST-ZIP CTY-ST-ZIP Change Addition NAME DELETE 61 Title Change Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP CTY-ST-ZIP CTY-ST-ZIP	STREET ADDRESS			4.3 ST	REET ADDRESS				
NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP TITLE □ DELETE 61 TITLE □ Change □ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP	CITY-ST-ZIP			_					
STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 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 6.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		L DELETE				. Ц	Change	L Addition
CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			5.2 N	AME				
TITLE DELETE 61 TITLE Change Addition NAME 62 NAME 62 NAME 63 STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	STREET ADDRESS			5.3 \$1	reet address				
NAME 62 NAME 5TREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP 64 CITY-ST-ZIP	CITY-ST-ZIP			5.4 C	TY-ST-ZIP				
STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 64 CITY-ST-ZIP	TITLE		☐ DELETE	61 Tr	TLE			Change	Addition
CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME			6.2 N	AME				
	STREET ADDRESS			6.3 S1	reet address				
14 I hardly codify that the information supplied with this filling does not qualify for the exemption stated in Continued 10.07/2V/3. Elevide Ctabulas, I further earlier that the information	CITY-ST-ZIP			6.4 CI					

Indicated on this annual report or supplied with this ming does not quality for the exemption stated in section 1990 (201), Florida Statutes. 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.