

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
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90167 015 ***150.00

DOCUMENT # P98000005481

1. Corporation Name

VACATIONS GALORE, INC.

Principal Place of Business

230 ROYAL PALM WAY #406
PALM BEACH FL 33480

Mailing Address

230 ROYAL PALM WAY #406
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0811601

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 230 Royal Palm Way

2a. Mailing Address

26 230 Royal Palm Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 211

27 Suite 211

City & State

23 Palm Beach FL

City & State

28 Palm Beach FL

Zip

24 33480

Country

25 USA

Zip

29 33480

Country

30 USA

9. Name and Address of Current Registered Agent

LOWMAN, STEPHEN G
230 ROYAL PALM WAY #406
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name

Stephen

82 Street Address (P.O. Box Number is Not Acceptable)

230 Royal Palm Way #211

83

84 City

FL

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Stephen G. Lowman, President 4/27/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE D
NAME LOWMAN, STEPHEN G
STREET ADDRESS 230 ROYAL PALM WAY #406
CITY-ST-ZIP PALM BEACH FL 33480

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D
1.2 NAME Lowman, Stephen G
1.3 STREET ADDRESS 230 Royal Palm Way #211
1.4 CITY-ST-ZIP Palm Beach, FL 33480

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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:

Signature and typed or printed name of signing officer or director

4/27/99

Date

561-366-9440

Daytime Phone #

CR2E034 (1/98)