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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90179 028 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000025576

1. Corporation Name
CHOICE VACATIONS, INC.

Principal Place of Business
**9200 SOUTH DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156**

Mailing Address
**9200 SOUTH DADELAND BOULEVARD
SUITE 100
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1998

4. FEI Number

☒ 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 **440 S. FEDERAL Hwy**

Suite, Apt. #, etc.

22 **104**

City & State

23 **Deerfield Beach, FL**

Zip

24 **33441**

Country

25 **US**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**KENNETH F. DARROW, P.A.
9200 SOUTH DADELAND BOULEVARD
SUITE 412
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name

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

9350 S. Dixie Hwy

83

1550

84 City

Miami

FL

85 Zip Code
33156

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CURRAN, JOHN C**
STREET ADDRESS **9200 SOUTH DADELAND BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE **D** ☐ DELETE

NAME **PRISKIE, STANLEY**
STREET ADDRESS **9200 SOUTH DADELAND BOULEVARD**
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **440 S. FEDERAL Hwy, #104**
1.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **440 S. FEDERAL Hwy, #104**
2.4 CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

Stanley Priskie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Stanley Priskie

Date

4/29/99

Daytime Phone #

954-725-5570

CR2E034 (11/98)

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