

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

FILED
Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # S12447 (6)

1. Corporation Name
PROMOTIONAL VACATIONS, INC.

Principal Place of Business 501 N. WYMORE RD. WINTER PARK FL 32789 US	Mailing Address 501 N. WYMORE RD. WINTER PARK FL 32789-2863 US
--	---



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 11/14/1990	3a. Date of Last Report 06/04/1996
4. FEI Number 59-3102152	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

KOSMAS, STEVEN P.
751 THIRD AVENUE
SUITE 1879
NEW SMYRNA BEACH FL 32769

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	KOSMAS, NICHOLAS G.
STREET ADDRESS	407 WHOOPING LOOP LANE
CITY - ST - ZIP	ALTAMONTE SPGS FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KOSMAS, STEVEN P.
STREET ADDRESS	407 WHOOPING LOOP LANE
CITY - ST - ZIP	ALTAMONTE SPGS FL
TITLE	P <input type="checkbox"/> DELETE
NAME	KOSMAS, PAUL R.
STREET ADDRESS	407 WHOOPING LOOP LANE
CITY - ST - ZIP	ALTAMONTE SPGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	751 THIRD AVENUE
1.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	751 THIRD AVENUE
2.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	751 THIRD AVENUE
3.4 CITY - ST - ZIP	NEW SMYRNA BEACH, FL 32169
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CEO
6.3 STREET ADDRESS	MICHAEL L. O'BRIEN
6.4 CITY - ST - ZIP	501 N. WYMORE ROAD WINTER PARK, FL 32789

14. I do 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 recorder 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.

SIGNATURE: *Michael L. O'Brien* 4/7/97 407-975-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **O'BRIEN** Date Daytime Phone #

CR2E034 (9/96)