PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 SEP 23 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S61036

1. Corporation Name
Lifestyles Vacation Travel Club, Inc.

Principal Place of Business / Mailing Address
931 Wekiva Springs Road, Longwood, Florida 32779.

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified | Date of Last Report

FEI Number: 59-3073277 — Applied For / Not Applicable

Certificate of Status Desired ☐ $8.75 Additional Fee Required

☐ $5.00 May Be Added to Fees

This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

Name and Address of Current Registered Agent

Name and Address of New Registered Agent
81 Name: John R. Snow
82 931 Wekiva Springs Rd (P.O. Box Number is Not Acceptable)
83
84 City: Longwood FL 85 Zip Code: 32779

Pursuant to the provisions of Section 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: John R. Snow (signature) — John R. Snow — August 13, 1996 (Date)

12. OFFICERS AND DIRECTORS

TITLE / NAME: Sidney Yost, President
STREET ADDRESS: 931 Wekiva Springs Road
CITY-ST-ZIP: Longwood, FL 32779

TITLE / NAME: John R. Snow, Secretary
STREET ADDRESS: 931 Wekiva Springs Rd
CITY-ST-ZIP: Longwood, FL 32779

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS/DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

500001973665--6
-10/15/96--01051--008
****225.00 ****225.00

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

MWB
10-9-96

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: (signature) Sidney Yost President — 8/13/96 — 407-788-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)