SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

\* PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V08782

(7)

**VACATION RESALES, INC.** 

FILED 97 AUG 20 AM 11: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of	Business	Mailing Address	Mailing Address			r inder dirett derft fablit fablit tieft dibit eiftit dibit dibit dibit dibit (0)6/4 1004		
1011 HWY. 27 CLERMONT FL 34711 US		1011 HWY. 27 CLERMONT FL 34711 US	· · · · · · · · · · · · · · · · · · ·			DO NOT WRITE IN THIS SPACE		
		•				3. Date Incorporated or Qualified	3a. Date of Last Report	
						01/15/1992	04/17/1996	
2. Principal Place	of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
21		26	26			59-3106450	Not Applicat	
Sulte, Apt. #, el	tc.	Suite, Apt. #, etc.	<del> </del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
LOUGHLIN, LINDA 1011 S. HWY. CLERMONT FL 34711				B1	Name			
				B2	Street Address (P.O. Box Number is Not Acceptable)			
				83				
			Ī	B4	City		FL 85 Zip Code	
office or regist	tered agent, or both, in the !		as authorized	by I		oration submits this statement for the proof's board of directors. I hereby accep		

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TILLE LOUGHLIN, LINDA NAME 1.2 NAME 608 S MAIN AVE #13 STREET ADDRESS 1.3 STHEET ADDRESS City-ST-ZIP CLERMONT FL 1.4 CITY - ST - ZIP DELETE TITLE 211MLE 22 NAME NAME \*\*\*\*165,00 \*\*\*\*165.00 STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change IΠ Addition 4.1 TITLE NAME 4. 2 NAME STHEET ADDRESS 4.3 STREET ADDRESS GIY-ST-ZIP 4 4 CITY-S1-7IP DELETE Addition 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 1111.6 Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP 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 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 change of or an attachment with an address.

0/15/09

This corp. filed a report before May of this year. Thank you links lought.