


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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V14758 (9)
1. Corporation Name
VACATION DESTINATIONS, INC.

Principal Place of Business 4393 RIDGEWOOD AVENUE SUITE 5 PORT ORANGE FL 32127 US	Mailing Address 4393 RIDGEWOOD AVENUE SUITE 5 PORT ORANGE FL 32127 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/12/1992	
21		26		4. FEI Number 59-3107119	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29			

g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ZILL, DAVID A. 8950 S. NOVA RD. SUITE 27 PORT ORANGE FL 32127				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				83	4393 RIDGEWOOD AVE			
				84	City	FL	85	Zip Code
					Port Orange			32127

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENNANT, DONALD E			1.2 NAME			
STREET ADDRESS	915 N. LAKEWOOD TERR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAWRENCE, RICHARD			2.2 NAME			
STREET ADDRESS	2941 PEMBRIDGE ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL			2.4 CITY-ST-ZIP			
TITLE	TSD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TENNANT, DONALD E			3.2 NAME			
STREET ADDRESS	915 N. LAKEWOOD TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 charged, or on an attachment with an address.

SIGNATURE: *Donald E. Tennant* DONALD E. TENNANT 1/22/98 904-767-1500

CR2E034 (10/97)