FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 9:37

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V69165 (1)

1. Corporation Name

VACATION SHOPPE TRAVEL, INC.

Principal Place of Business: 11595 KELLY ROAD, FT. MYERS FL 33908

Mailing Address: 11595 KELLY ROAD, FT. MYERS FL 33908

3. Date Incorporated or Qualified: 10/02/1992

3a. Date of Last Report: 04/26/1994

4. FEI Number: 65-0358871

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. Florida Statutes: X Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PITTS, SANDRA~~ ~~11595 KELLY RD~~ ~~STE 307B~~ ~~FT. MYERS FL 33908~~	Name: KEITH W. TROWBRIDGE Street Address (P.O. Box Number is Not Acceptable): 11595 KELLY ROAD City: FORT MYERS FL Zip Code: 33908

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] 4/17/95

12. Officers and Directors		13. Additions/Changes to Officers and Directors in 12	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	TROWBRIDGE, KEITH W	NAME	
STREET ADDRESS	11595 KELLY RD	STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	CITY-ST-ZIP	
TITLE	~~ST~~	TITLE	S — X Change ☐ Addition
NAME	~~STRONG, KEN~~	NAME	Susan Gillespie
STREET ADDRESS	~~11595 KELLY RD~~	STREET ADDRESS	11595 Kelly Road
CITY-ST-ZIP	~~FT. MYERS FL~~	CITY-ST-ZIP	Fort Myers, Florida 33908
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I the undersigned, 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] 4/17/95 813-454-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith W. Trowbridge

0322140 CP