## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

A CRACUM PROGRAMA DE CRACA CONTRA DE CONTRA DE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

723691

(2)

KON TIKI RESORT, INC.

Principal Place of Business Mailing Address								ļ	1 in all table lides title dills tales t		17 41811 41911 8	1581 Bidit (881	
81200 OVERSEA ISLAMORADA F	OVERSEAS HWY. IORADA FL 33036-3703												
						3	3. Date incorporated or Qualified 01/31/1968	3a. Da	ate of Last I <b>04/04/1</b> 8	Report <b>796</b>			
Principal Place of Business     1				2a. Mailing Address 26				4	4. FEI Number Applied For Not Applicable Not Applicable			<del></del>	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5	Certificate of Status Desired     S. Certificate of Status Desired     Fee Required				
City & State				City & State				6	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip Country				Zip Country				<b>-</b>  .					
24	-, h,			29 30			,	"	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes     ✓ Yes				
24	9. Name and Address of Current							10	10. Name and Address of New Registered Agent				
				<del></del>	Name								
SNYDER, LOIS L													
81200 OVERSEAS HWY				<u> </u>				ddress (P.O. Box Number is Not Acceptable)					
ISLAMO	RADA FL 3	3036				83	` <u>.</u>						
						84	City	······································		FL	<b>85</b> Zip	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 agreent the obligations of, Section 617.0503, Florida Statutes.													
CICNIATURE		2 Soute	ma	MADAI					en reinstating)	5-97		ì	
Signature, typed or printed name of registered agent and title if applicable. (NOTE							ent signature re	equired wh					
12.	.015 X. 3.	MYOCK OFFICERS	AND DIREC	TORS	13.				ADDITIONS/CHANGES TO OFFICE	ERS AND			
TITLE	D			☐ DELETE	1.11						Change	Addition	
NAME		S, NORMAN			1.21	NAME						ľ	
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NAME					621	NAME							
STREET ADDRESS					6.3 5	TREE	T ADDRESS						

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or open attachment with an address.

4-25-97 Date

Daytime Phone # 0024323