

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F92000000976 (2)**

1. Corporation Name
ROOT RESORTS, INC.



Principal Place of Business: **525 FENTRESS BLVD DAYTONA BEACH FL 32114 US**
Mailing Address: **P. O. BOX 2860 DAYTONA BEACH FL 32120-2860**

3. Date Incorporated or Qualified 12/21/1992	3a. Date of Last Report 04/11/1995
4. TEL Number 59-3151513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
VOGES, WILLIAM J 525 FENTRESS BLVD. DAYTONA BEACH FL 32114		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or register an 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWWISKIE, RONALD E	1.2 NAME	
STREET ADDRESS	525 FENTRESS BLVD.	1.3 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGES, WILLIAM J	2.2 NAME	
STREET ADDRESS	525 FENTRESS BLVD.	2.3 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DITTBENNER, EILEEN M	3.2 NAME	
STREET ADDRESS	525 FENTRESS BLVD.	3.3 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL 32114	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOT, CHAPMAN J II	4.2 NAME	
STREET ADDRESS	525 FENTRESS BLVD.	4.3 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL 32114	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROMER, ROY D	5.2 NAME	
STREET ADDRESS	525 FENTRESS BLVD.	5.3 STREET ADDRESS	
CITY, ST, ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	AS Dru W. Perry
CITY, ST, ZIP		6.4 CITY-ST-ZIP	525 Fentress Boulevard Daytona Beach, FL 32114

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)(c), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 trustee or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Voges* **2/9/96** (904) 258-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William J. Voges, President

CR2E034 (12/95)