

**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 # **L83335** (4)

1. Corporation Name  
**SETTLER'S VILLAGE, INC.**



Principal Place of Business: **C/O JOHN B. RITCH, 100 CHURCH STREET, KISSIMMEE FL 34741**  
Mailing Address: **C/O JOHN B. RITCH, 100 CHURCH STREET, KISSIMMEE FL 34741**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for State, Apt #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **06/25/1990**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **59-3026254**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**RITCH, JOHN B., 100 CHURCH STREET, KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0509 and 607.1505, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: <b>RITCH, JOHN B.</b>	<input type="checkbox"/> DELETE	13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS: <b>925 DOLPHIN AVE.</b>		13.2 NAME: _____	
12.3 CITY-STATE-ZIP: <b>KISSIMMEE FL</b>		13.3 STREET ADDRESS: _____	
12.4 TITLE: _____	<input type="checkbox"/> DELETE	13.4 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME: _____		13.5 TITLE: _____	
12.6 STREET ADDRESS: _____		13.6 NAME: _____	
12.7 CITY-STATE-ZIP: _____		13.7 STREET ADDRESS: _____	
12.8 TITLE: _____	<input type="checkbox"/> DELETE	13.8 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME: _____		13.9 TITLE: _____	
12.10 STREET ADDRESS: _____		13.10 NAME: _____	
12.11 CITY-STATE-ZIP: _____		13.11 STREET ADDRESS: _____	
12.12 TITLE: _____	<input type="checkbox"/> DELETE	13.12 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME: _____		13.13 TITLE: _____	
12.14 STREET ADDRESS: _____		13.14 NAME: _____	
12.15 CITY-STATE-ZIP: _____		13.15 STREET ADDRESS: _____	
12.16 TITLE: _____	<input type="checkbox"/> DELETE	13.16 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME: _____		13.17 TITLE: _____	
12.18 STREET ADDRESS: _____		13.18 NAME: _____	
12.19 CITY-STATE-ZIP: _____		13.19 STREET ADDRESS: _____	
12.20 TITLE: _____	<input type="checkbox"/> DELETE	13.20 CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *John B. Ritch* **JOHN B RITCH** 2/22/96 (407) 847-3099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Corporate Filing Fee

CR2E034 (12/95)