

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

**FILED**

**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000027499 (8)**  
1. Corporation Name  
**LANDO RESORTS CORPORATION**



Principal Place of Business <b>3015 N OCEAN BLVD. SUITE 121 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>3015 N OCEAN BLVD. SUITE 121 FT. LAUDERDALE FL 33308-7300</b>
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3. Date Incorporated or Qualified <b>03/28/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0657973</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21	2a. Mailing Address 26
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State
24 Zip Country	29 Zip Country

9. Name and Address of Current Registered Agent

**BLODIG, GREGORY J  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FT. LAUDERDALE FL**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>OTTINO, J P</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>POLANSKY, BRUCE</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HIERHOLZER, LARRY</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LAMBERT, JAMES</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>FOSTER, REBECCA A</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LANDAU, MARC J</b>
STREET ADDRESS	<b>3015 N. OCEAN BLVD. SUITE 121</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D/CEO</b>
4.3 STREET ADDRESS	<b>LAMBERT, JAMES E.</b>
4.4 CITY-ST-ZIP	<b>3015 N. OCEAN BLVD., STE 121 FT. LAUDERDALE, FL 33308</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D/P/S</b>
5.3 STREET ADDRESS	<b>FOSTER, REBECCA A.</b>
5.4 CITY-ST-ZIP	<b>3015 N. OCEAN BLVD., STE. 121 FT. LAUDERDALE, FL 33308</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D/VP/T</b>
6.3 STREET ADDRESS	<b>LANDAU, MARC J.</b>
6.4 CITY-ST-ZIP	<b>3015 N. OCEAN BLVD., STE. 121 FT. LAUDERDALE, FL 33308</b>

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

SIGNATURE: \_\_\_\_\_ DATE: **4/21/97** DAYTIME PHONE: **954-563-2444**

CR2E034 (9/96)