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

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

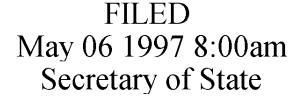
DOCUMENT # 298600

(8)

H.I. RESORTS, INC.

Principal Place of Business

Mailing Address





111 WEST FORTUNE TAMPA FL 33802-3208		111 WEST FORTUNE TAMPA FL 33602-3206						
					3. Date Incorporated or Qualified 11/09/1965	3a. Date of Last Ro 05/01/1996	eport	
2. Principal Pi	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For	
21		26		59-1167772				
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip <b>24</b>	Country 25	Z(p 29	Gountry 30		Florida Statules			
	9. Name and Address of Curren	nt Registered Agent		<u>., </u>	10. Name and Address of New Reg	gistered Agent		
CAL	LEN, DAVID		1	11 Name				
111 W. FORTUNE STREET TAMPA FL 33602					dress (P.O. Box Number is Not Acceptab	le)		
			6	3				
			E	4 City		FL B5 Zip (	Code	
office or ri	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	eol Florida. Such change was a	authorized.	by the corpor	orporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing it the appointment as	s registered registered	
_	magnitude with and accept the oblig	anona or, aconom oor .coop, i w	onda olalo	100.				
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable (NO)	t : Reg stered	Ngent signature rec	quired when reinstating)	DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	OP .	☐ DELETE	1.1 1111	F		☐ Cnange	Addition	
NAME	CALLEN, ROBINSON		1.2 NAM	E				
STREET ADDRESS	111 W. FORTUNE STREET		1.3 STR	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL			-\$1-ZIP			4.4495	
TITL€	PO DELETÉ		2.1 TITL		•	L Change	Addition	
NAME	CALLEN, TARQUIN		2.2 NAN					
STREET ADDRESS	111 W. FORTUNE STREET		1	EET ADDRESS				
CITY-ST-ZIP	TAMPA FL			Y - \$1 - ZIP	****	Change	Addition	
TITLE	VD	☐ DELETE	3.1 TITE			L Change	M MODILION	
NAME	CALLEN, CLAIRE		3.2 NAN					
STREET ADDRESS	111 W. FORTUNE ST.			EE1 ADDRESS				
CITY-ST-ZIP TITLE	TAMPA FL D	DELETE	3.4. C(1 4.1 T(TL	Y-\$T-ZIP		Change	Addition	
	CALLEN, DAVID	( better	4. 2 NA			change	L., Houtton	
NAME	111 W. FORTUNE ST.			EE1 ADDRESS				
STREET ADDRESS	TAMPA FL							
CITY-ST-ZIP TITLE	INMINIE	DELETE	5.1 TITL	'-ST-ZIP		Change	Addition	
NAME		F-1 5557.5	5.2 NAN					
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP			4	-S1-ZIP				
TITLE		DELETE	61 THL			☐ Change	Addition	
NAME			6.2 NAN			·•		
STREET ADDRESS				ELT ADDRESS				
				'-S1-ZIP				
CITY-ST-ZIP			04	-01-611 [	1 - 1 - C - E - 440 07/0V ) E(1-1- O-4-4-		AL -	

In s not qualify for th, exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the full report is true and accurate and that my signature shall have the same legal effect as if made under oath; that pistee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name int with an address. I do hereby certify that the information supplied with this filing information indicated on this annual report or supplemental ag 1 am an officer or director of the corporation or the recei appears in Block 12 or Block 13 i changed, or on any