

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **298600** (8)

1. Corporation Name
H.I. RESORTS, INC.

Principal Place of Business

**111 WEST FORTUNE
TAMPA FL 33602-3206**

Mailing Address

**111 WEST FORTUNE
TAMPA FL 33602-3206**

FILED
May 06 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/09/1965		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1167772		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**CalLEN, DAVID
111 W. FORTUNE STREET
TAMPA FL 33602**

10. Name and Address of New Registered Agent

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 607.0502 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	NAME	CalLEN, ROBINSON	1.1 TITLE		1.2 NAME	
STREET ADDRESS			111 W. FORTUNE STREET	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP			TAMPA FL	2.1 TITLE		2.2 NAME	
TITLE	PD	NAME	CalLEN, TARQUIN	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS			111 W. FORTUNE STREET	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP			TAMPA FL	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	VD	NAME	CalLEN, CLAIRE	4.1 TITLE		4.2 NAME	
STREET ADDRESS			111 W. FORTUNE ST.	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP			TAMPA FL	5.1 TITLE		5.2 NAME	
TITLE	D	NAME	CalLEN, DAVID	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS			111 W. FORTUNE ST.	6.1 TITLE		6.2 NAME	
CITY - ST - ZIP			TAMPA FL	6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	

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.

CR2E034 (9/96)