

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 383183 (1)  
1. Corporation Name  
NATIONAL RESORTS, INC.



Principal Place of Business COULTER TECHNOLOGY CENTER 11800 SW 147TH AVE. BLDG. 4/TAX DEPT. 32-805 MIAMI FL 33196-2500 US	Mailing Address COULTER TECHNOLOGY CTR. P.O. BOX 168015 TAX DEPARTMENT 32-805 MIAMI FL 33116-8015 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1971	
21		26		4. FEI Number 59-1353322	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent COULTER TECHNOLOGY CENTER 11800 S.W. 147TH AVENUE, BLDG. 4 TAX DEPARTMENT 32-805 MIAMI FL 33196				10. Name and Address of New Registered Agent 81 Name Sue Van, Vice President 82 Street Address (P.O. Box Number is Not Acceptable) 87000 Overseas Highway 83 84 Islamorada, FL 85 Zip Code 330363109			
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11. Pursuant to the provisions of Sections 607.0512 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 *Sue Van, Vice President* 4/30/98  
Signature, print or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VPT			1.1 TITLE			
NAME	VAN, SUE			1.2 NAME			
STREET ADDRESS	5021 S.W. 120TH AVENUE			1.3 STREET ADDRESS	10115 W. 100 Terrace		
CITY-ST-ZIP	COOPER CITY FL 33330			1.4 CITY-ST-ZIP	DAVIE, FLORIDA 33324		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUTER, WALLACE H			2.2 NAME			
STREET ADDRESS	15532 S.W. 115TH STREET			2.3 STREET ADDRESS	790 N.W. 107th Avenue, Suite 15		
CITY-ST-ZIP	MIAMI FL 33186			2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33172		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARLIN, WAYNE A.			3.2 NAME			
STREET ADDRESS	9844 S.W. 124TH TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33176			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COULTER, JOSEPH R III			4.2 NAME			
STREET ADDRESS	260 HUNTINGLODGE DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			4.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COULTER-JONES, LAURA			5.2 NAME			
STREET ADDRESS	1121 STARLING AVENUE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 incorporator 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: *Sue Van, Vice President* 4/30/98 852 852-2381

CR2E034 (10/97)