

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

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90030 050 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 383183</b>			
1. Corporation Name <b>NATIONAL RESORTS, INC.</b>			
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 169015 TAX DEPARTMENT 32-805 MIAMI FL 33116-9015 US	
2. Principal Place of Business 21 <b>9130 South Dadeland Blvd</b> Suite, Apt. #, etc. 22 <b>Suite 1113, Patran 2</b> City & State 23 <b>Miami FL</b> Zip 24 <b>33156</b> Country 25 <b>US</b>		2a. Mailing Address 26 <b>Same as 2</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>VAN, S 8700 OVERSEAS HWY ISLAMORDA FL 33036</b>		10. Name and Address of New Registered Agent 81 Name <b>Joseph R. Coulter, Jr. III</b> 82 Street Address (P.O. Box Number is Not Accepted) <b>9130 South Dadeland Blvd, Suite 1113</b> 83 <b>Patran 2</b> 84 City <b>Miami</b> FL 85 Zip Code <b>33156</b>	
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 <b>Joseph R. Coulter, Jr. III</b> <b>FEB. 17, 1999</b> (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE <b>VPT</b> <input type="checkbox"/> DELETE NAME <b>VAN, SUE</b> STREET ADDRESS <b>1611 SW 106 TERR</b> CITY-ST-ZIP <b>DAVE FL 33324</b> TITLE <b>P</b> <input checked="" type="checkbox"/> DELETE NAME <b>COULTER, WALLACE H</b> STREET ADDRESS <b>790 NW 107TH AVE, STE 215</b> CITY-ST-ZIP <b>MIAMI FL 33172</b> TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>BARLIN, WAYNE A.</b> STREET ADDRESS <b>9844 S.W. 124TH TERRACE</b> CITY-ST-ZIP <b>MIAMI FL 33176</b> TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>COULTER, JOSEPH R III</b> STREET ADDRESS <b>260 HUNTINGLODGE DRIVE</b> CITY-ST-ZIP <b>MIAMI SPRINGS FL 33166</b> TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>COULTER-JONES, LAURA</b> STREET ADDRESS <b>1121 STARLING AVENUE</b> CITY-ST-ZIP <b>MIAMI SPRINGS FL 33166</b> TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		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 type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB. 17, 1999** 305-670-3539  
Date Daytime Phone #

CR2E034 (11/98)