

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **429934** (3)
1. Corporation Name
ROCHESTER RESORTS, INC.

Principal Place of Business SAMCOOP RD P O 249 CAPTIVA FL 33924 US	Mailing Address C/O HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET FORT MYERS FL 33901 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15951 Captiva Road Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 249 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/05/1973	
22 City & State 23 Captiva Island, FL Zip 33924 Country US		27 City & State 28 Captiva Island, FL Zip 33924 Country US		4. FEI Number 59-1475093 Applied For <input type="checkbox"/> Not Applicable	
24		25		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
26		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
30		31		9. Name and Address of Current Registered Agent EBELINI, MARK 1625 HENDRY STREET FT. MYERS FL 33901	
32		33		10. Name and Address of New Registered Agent	
34		35		81 Name	
36		37		82 Street Address (P.O. Box Number is Not Acceptable)	
38		39		83	
40		41		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	PTDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LLOYD	1.2 NAME	
STREET ADDRESS	16452 CAPTIVA RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAPTIVA FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPI, ANTONINO R	2.2 NAME	
STREET ADDRESS	4341 WEST GULF DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL 33957	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALVERT, ROBERT	3.2 NAME	
STREET ADDRESS	10907 CLERMONT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	GARRETT PARK MD	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Antonino R. Lapi* 1/21/98 (941) 472-1511

CR2E034 (10/97)