

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

FILED

**Apr 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 542677 (0)

1. Corporation Name
R. V. WORLD, INC., OF NOKOMIS



Principal Place of Business 2110 N. TAMiami TRAIL NOKOMIS FL 34275	Mailing Address 2110 N. TAMiami TRAIL NOKOMIS FL 34275-1460
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/10/1977	3a. Date of Last Report 04/16/1996
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	4. FEI Number 59-1761500	Applied For <input type="checkbox"/> 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	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GERZENY, RUBEN
2110 N. TAMiami TRAIL
NOKOMIS FL 33555**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	GERZENY, RUBEN	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	SVD	<input type="checkbox"/> DELETE
NAME	GERZENY, BEVERLY	
STREET ADDRESS	2110 N. TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DAVIDSON EDDIE	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GERZENY MATTHEW	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERZENY DAVID	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GERZENY STEVEN	
STREET ADDRESS	2110 N TAMiami TRAIL	
CITY - ST - ZIP	NOKOMIS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 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 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.

SIGNATURE: *Eddie L. Davidson* **EDDIE L. DAVIDSON** Date: **4-15-97** Daytime Phone: **941-966-2182**

CR2E034 (9/96)