

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION  
 ANNUAL REPORT



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

1996 6-13-96

B-6893 C

FILED  
 Jun 13 1996 8:00 am  
 Secretary of State

DOCUMENT # 770328 (3)  
 1. Corporation Name  
 KINGS POINT TRAVEL CLUB, INC.



Principal Place of Business Mailing Address  
 1800 CLUBHOUSE DR  
 SUN CITY CENTER FL 33573  
 US  
 2242 GRENADIER DR.  
 2307 LANCASTER DR  
 SUN CITY CENTER FL 33573  
 US

3. Date Incorporated or Qualified 09/19/1983  
 3a. Date of Last Report 04/24/1995  
 4. FEI Number 59-2192816  
 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 2404 OXFORD DOWN CT.  
 22 City & State 27 Suite, Apt. #, etc.  
 23 City & State 28 SUN CITY CENTER, FL  
 24 Zip 25 Country 29 33573 30 U.S.A

9. Name and Address of Current Registered Agent  
 NEWARK, H T  
 2242 GRENADIER DRIVE  
 SUN CITY CENTER FL 33593

10. Name and Address of New Registered Agent  
 81 Name EVERETTE J. GLAS  
 82 Street Address (P.O. Box Number is Not Acceptable) 2404 OXFORD DOWN COURT  
 83  
 84 City SUN CITY CENTER, FL 85 Zip Code 33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.  
 SIGNATURE *Everette J. Glas, Treasurer* 6-9-96  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, JOHN B.	
STREET ADDRESS	2119 HALEYON DRIVE S.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TILLMAN, CESTER	
STREET ADDRESS	301 CANTON COURT	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNECHT, BOOTS	
STREET ADDRESS	753 MCCALLISTER AVE.	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	NEWARK, H. T	
STREET ADDRESS	2242 GRENADIER DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	SALMON, BETTE	
STREET ADDRESS	425 GLADSTONE PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRINGER, SUE	
STREET ADDRESS	409 LAKE POINT COURT	
CITY-ST-ZIP	SUN CITY CENTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P. D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAN MC MANUS	
1.3 STREET ADDRESS	2416 OXFORD DOWN CT.	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
2.1 TITLE	T. D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EVERETTE J. GLAS	
2.3 STREET ADDRESS	2404 OXFORD DOWN CT.	
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
3.1 TITLE	P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GLORIA MC MANUS	
3.3 STREET ADDRESS	2416 OXFORD DOWN CT.	
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
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	S. D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BETTE SALMON	
5.3 STREET ADDRESS	425 GLADSTONE PLACE	
5.4 CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARTHA FLEETWOOD	
6.3 STREET ADDRESS	446 GLADSTONE PLACE	
6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
 SIGNATURE: *Everette J. Glas, Treasurer* 6/9/96 813-633-9646  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)