


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

FILED

May 15 1997 8:00am
Secretary of State

| | | | | | |
|--|----------------------------|--|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # F63382 (8) | | | | | |
| 1. Corporation Name RESORT DEVELOPMENT INTERNATIONAL, INC. | | | | | |
| Principal Place of Business 12995 CLEVELAND AVE SUITE 164 FT MYERS FL 33907 | | | Mailing Address 12995 CLEVELAND AVE SUITE 164 FT MYERS FL 33907-3875 | | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 01/15/1982 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2151678 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. 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 KEIM, RANDY L 12995 CLEVELAND AVE., #164 FORT MYERS FL 33907 | | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | | |
| NAME | KEIM, RANDY L | | | | |
| STREET ADDRESS | 12995 CLEVELAND AVE #164 | | | | |
| CITY-ST-ZIP | FT MYERS FL | | | | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE | | | |
| NAME | KEIM, LUANNE | | | | |
| STREET ADDRESS | 1191 BIRD LN | | | | |
| CITY-ST-ZIP | SANIBEL FL | | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | | |
| NAME | BIDGOOD, DAVID | | | | |
| STREET ADDRESS | 12995 CLEVELAND AVE. #164 | | | | |
| CITY-ST-ZIP | FT. MYERS FL 33907 | | | | |
| TITLE | VD | <input type="checkbox"/> DELETE | | | |
| NAME | KEIM, JEFFERY | | | | |
| STREET ADDRESS | 12995 CLEVELAND AVE., #164 | | | | |
| CITY-ST-ZIP | FT. MYERS FL 33907 | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 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 checked="" type="checkbox"/> Addition | | | |
| 2.2 NAME | | ST Karen Parsons | | | |
| 2.3 STREET ADDRESS | | 12995 Cleveland Ave, Ste 164 | | | |
| 2.4 CITY-ST-ZIP | | Fort Myers, FL 33907 | | | |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 4.2 NAME | | D Keim Jeffery | | | |
| 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 in an attachment with an address. | | | | | |
| SIGNATURE: Karen Parsons 4/30/97 941-936-5800 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |

CR2E034 (9/96)