

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90151 036 ***150.00

DOCUMENT # F95000000905

1. Corporation Name

RESORTHILL, INC.

Principal Place of Business

Mailing Address

450 East Las Olas Blvd.
Ft. Lauderdale, FL 33301

450 East Las Olas Blvd.
Ft. Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1995

4. FEI Number

36-4005260

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
C/O AKERMANN, SENTERFITT & EDISON, P.A.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI FL 33131

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

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 ☐ DELETE

NAME
PIERCE, WILLIAM M
STREET ADDRESS
1765 WEST EAGLE TRACE BLVD.
CITY-ST-ZIP
CORAL SPRINGS FL 33071

TITLE ☐ DELETE

NAME
HANDLEY, RICHARD L
STREET ADDRESS
617 ISLE OF PALMS
CITY-ST-ZIP
FT. LAUDERDALE FL 33301

TITLE ☐ DELETE

NAME
DAURIA, STEVEN M
STREET ADDRESS
6215 N.W. 30TH TERRACE
CITY-ST-ZIP
PARKLAND FL 33067

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :2

☐ Change

☒ Addition

11 TITLE
P
12 NAME
Chensoff, Gary
13 STREET ADDRESS
Three First National Plaza, Ste.
14 CITY-ST-ZIP
Chicago, IL 60602

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William M. Pierce, Vice President

Date

Daytime Phone #

CR2E034 (11/98)