FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000001026 (2)**

1. Corporation Name

PREMIER RESORT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
8651 TREASURE CAY LANE LAKE BUENA VISTA FL 32830	~~8651 TREASURE CAY LANE~~ ~~LAKE BUENA VISTA FL 32830~~

3. Date Incorporated or Qualified: 03/03/1995
3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 12016 Turtle Cay Circle
Suite, Apt. #, etc.
27:
City & State
28: Orlando, FL
Zip 29: 32836 Country 30: US

4. FEI Number: ~~APPLIED FOR~~ 59-3293865 ☐ 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

9. Name and Address of Current Registered Agent

~~GIANNONI, GENEVIEVE~~
~~8651 TREASURE CAY LANE~~
~~LAKE BUENA VISTA FL 32830~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 12016 Turtle Cay Circle
83:
84 City: Orlando, FL 85 Zip Code: 32836

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: GENEVIEVE GIANNONI
(Signature of New Registered Agent, if changing) (Typed or Printed Name of New Registered Agent) (Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	GIANNONI, GENEVIEVE		1.2 NAME		
STREET ADDRESS	~~8651 TREASURE CAY LANE~~		1.3 STREET ADDRESS	12016 Turtle Cay Circle	
CITY-ST-ZIP	~~LAKE BUENA VISTA FL~~		1.4 CITY-ST-ZIP	Orlando, Florida 32836	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	WILKES, WILLIAM		2.2 NAME		
STREET ADDRESS	~~8651 TREASURE CAY LANE~~		2.3 STREET ADDRESS	12016 Turtle Cay Circle	
CITY-ST-ZIP	~~LAKE BUENA VISTA FL~~		2.4 CITY-ST-ZIP	Orlando, Florida 32836	
TITLE	STD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	FREY, CHARLES C		3.2 NAME		
STREET ADDRESS	~~P.O. BOX 22886 N/A~~		3.3 STREET ADDRESS	12016 Turtle Cay Circle	
CITY-ST-ZIP	~~LAKE BUENA VISTA FL~~		3.4 CITY-ST-ZIP	Orlando, Florida 32836	
TITLE	~~XCD~~	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~GESSOW, ANDREW J~~		4.2 NAME		
STREET ADDRESS	~~2934 WOODSIDE ROAD~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~WOODSIDE CA~~		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Charles C. Frey 3/1/96 (407) 238-2232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

STP