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

**PROFIT** CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000003258 (8)

COPPER MOUNTAIN CONDO RENTALS, INC.

Principal Place of Business Mailing Address 11400 OVERSEAS HWY. #106 11400 OVERSEAS HWY. #106 MARATHON SHORES FL 33052 MARATHON SHORES FL 33050-3600 3. Date Incorporated or Qualified 3a. Date of Last Report Unital 06/25/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For BOX. 84-0961199 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Cortificate of Status Desired Fee Required 22 City & State \$5.00 May Bo Shores, FR 23 Added to Fees Zip Country 8. This corporation has liability for intangible tax under s. 199.032 30 Monroe Florida Statutes ☐ Yos 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name CASTER, PAUL W 11400 OVERSEAS HWY. #106 Street Address (P.O. Box Number is Not Acceptable) 82 MARATHON SHORES FL 33052 B3 84 City 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. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of region red agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition M ÖELETE TITLE NAME CASTER, PAUL W 1.2 NAME 760 COPPER RD. STREET ADDRESS 1.3 STREET ADDRESS **COPPER MOUNTAIN CO 80443** CITY-ST-ZIP 1.4 CHY - \$1 - 7IP DELETE Change Addition 2171111 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 1134 [ 3.2 NAME STREET-ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- 2(F DELLLE ☐ Change Addition TITLE 4.1 TILLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CHY+S1+ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C(1Y - S1 - 2)P .CITY-ST-ZIP 🔲 DELETE Change Addition TITLE 6.1 1 IILE

6.2 NAME

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on his acqual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under I am an officer or director of the corporation or the processor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

6.3 STREET ADDRESS

al report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that opport is true to expect the properties of the p