

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

FILED

Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000004356 (8)

1. Corporation Name

PLANTATION RESORTS GROUP, INC.



Principal Place of Business 12016 TURTLE CAY CIRCLE ORLANDO FL 32835	Mailing Address 12016 TURTLE CAY CIRCLE ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1781 Park Center Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip 24 32835		2a. Mailing Address 26 1781 Park Center Dr. Suite, Apt. #, etc. 27 City & State 28 Orlando, FL Zip 29 32835		3. Date Incorporated or Qualified 08/19/1997	
Country 25 USA		Country 30 USA		4. FEI Number 54-1841228	
				5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIROCCO, ANNA
12016 TURTLE CAY CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1781 Park Center Dr.
83
84 City Orlando
85 Zip Code FL 32835

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 Anna M. DiRocco

Signature typed or printed name of registered agent and title if applicable

(No title required for Agent signature required when reinstating)

DATE 1/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNONI, GENEVIEVE	1.2 NAME	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	1.3 STREET ADDRESS	1781 Park Center Dr.
CITY-ST-ZIP	ORLANDO FL 32835	1.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	TDV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREY, CHARLES C	2.2 NAME	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	2.3 STREET ADDRESS	1781 Park Center Dr.
CITY-ST-ZIP	ORLANDO FL 32835	2.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE	S	3.1 TITLE	Secretary/Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, KEITH	3.2 NAME	
STREET ADDRESS	12016 TURTLE CAY CIRCLE	3.3 STREET ADDRESS	3800 Greencastle Dr.
CITY-ST-ZIP	ORLANDO FL 32835	3.4 CITY-ST-ZIP	Williamsburg, VA 23188
TITLE		4.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Rickman, Wayne
STREET ADDRESS		4.3 STREET ADDRESS	3800 Greencastle Dr.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Williamsburg, VA 23188
TITLE		5.1 TITLE	Vice President/Asst. Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	DeLorenzo, Dennis
STREET ADDRESS		5.3 STREET ADDRESS	8651 Treasure Cay Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando, FL 32836
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE:

1/14/98 (407)532-1000

CP2E034 (10/97)