

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 09, 1999 8:00 am
Secretary of State

03-09-1999 90110 004 ***150.00

DOCUMENT # F97000004356

1. Corporation Name

PLANTATION RESORTS GROUP, INC.

Principal Place of Business

1781 PARK CENTER DR
ORLANDO FL 32835
US

Mailing Address

1781 PARK CENTER DR
ORLANDO FL 32835
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/19/1997

4. FEI Number

54-1841228

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME GIANNONI, GENEVIEVE
STREET ADDRESS 1781 PARK CENTER DR
CITY-ST-ZIP ORLANDO FL 32835

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME L. Steven Miller
1.3 STREET ADDRESS 1781 Park Center Drive
1.4 CITY-ST-ZIP Orlando, FL 32835

TITLE TDV ☒ DELETE
NAME FREY, CHARLES C
STREET ADDRESS 1781 PARK CENTER DR
CITY-ST-ZIP ORLANDO FL 32835

2.1 TITLE DT ☒ Change ☐ Addition
2.2 NAME Richard Goodman
2.3 STREET ADDRESS 1781 Park Center Drive
2.4 CITY-ST-ZIP Orlando, FL 32835

TITLE SVP ☒ DELETE
NAME BROWN, KEITH
STREET ADDRESS 3800 GREENCASTLE DR
CITY-ST-ZIP WILLIAMSBURG VA 23188

3.1 TITLE DS ☒ Change ☐ Addition
3.2 NAME Thomas A. Bell
3.3 STREET ADDRESS 1781 Park Center Drive
3.4 CITY-ST-ZIP Orlando, FL 32835

TITLE VPAS ☐ DELETE
NAME RICKMAN, WAYNE
STREET ADDRESS 3800 GREENCASTLE DR
CITY-ST-ZIP WILLIAMSBURG VA 23188

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VPAS ☐ DELETE
NAME DELORENZO, DENNIS
STREET ADDRESS 8651 TREASURE CAY LN
CITY-ST-ZIP ORLANDO FL 32836

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Thomas A. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/99

Date

532-1000

Daytime Phone #

CR2E034 (11/98)