FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G19736** **(9)**

1. Corporate Name

ISLAND ONE RESORTS MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
2345 SANDLAKE ROAD SUITE 200 ORLANDO FL 32809-9115	2345 SANDLAKE ROAD SUITE 200 ORLANDO FL 32809-9115

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1983	3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2302506	☐ 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 § 199.032, Florida Statutes: ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. — 22	Suite, Apt. #, etc. — 27
City & State — 23	City & State — 28
Zip — 24 / Country — 25	Zip — 29 / Country — 30

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN
2345 SAND LAKE ROAD
SUITE 120
ORLANDO FL 32809

10. Name and Address of New Registered Agent

31 Name

32 Street Address (P.O. Box Number is Not Acceptable)

33

34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 607.1908, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	DC	11 TITLE	☐ Change ☐ Addition
12 NAME	LINDEN, DEBORAH L	12 NAME	
13 STREET ADDRESS	2345 SANDLAKE RD. #100	13 STREET ADDRESS	
14 CITY ST ZIP	ORLANDO FL	14 CITY ST ZIP	
21 TITLE	DVS	21 TITLE	☐ Change ☐ Addition
22 NAME	SPRINGER, JOHN E.	22 NAME	REMOVE
23 STREET ADDRESS	2345 SANDLAKE RD. #100	23 STREET ADDRESS	
24 CITY ST ZIP	ORLANDO FL	24 CITY ST ZIP	
31 TITLE	DT	31 TITLE	T/S/D ☒ Change ☐ Addition
32 NAME	BRUNO, ALBERT	32 NAME	Albert Bruno
33 STREET ADDRESS	4701 NORTH CUMBERLAND	33 STREET ADDRESS	4701 North Cumberland Avenue
34 CITY ST ZIP	NORRIDGE IL	34 CITY ST ZIP	Norridge, IL 60656
41 TITLE	DV	41 TITLE	☐ Change ☐ Addition
42 NAME	BEAULIEU, ROBERT	42 NAME	
43 STREET ADDRESS	5341 W. BELMONT AVENUE	43 STREET ADDRESS	
44 CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	
51 TITLE	DP	51 TITLE	☐ Change ☐ Addition
52 NAME	FLORY, PAUL G.	52 NAME	
53 STREET ADDRESS	2345 SAND LAKE RD. #200	53 STREET ADDRESS	
54 CITY ST ZIP	ORLANDO FL	54 CITY ST ZIP	
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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: _____ 04/17/95 407/859-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

, Deborah L. Linden - Director/Chairman

0080067 CP