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

May 08 1997 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State Sandra B. Mortham ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # G23670 RESORT DESIGNS, INC. Principal Place of Business Mailing Address 237 ERNESTINE ST. 237 ERNESTINE ST. C/O KAY GREEN ORLANDO FL 32801 C/O KAY GREEN ORLANDO FL 32801-3632 3. Date Incorporated or Qualified 02/14/1983 04/2 Incipal Place of Business Applied For Orange Aue. <u>476 Orange</u> Ave 59-2263800 Not Applicable ite. Apl. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be fer Park, FL Trust Fund Contribution Added to Fees 8. This corporation has trability for intangible tax under s. 199.032, ÚSA Florida Statutes Yes No 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 1250 MARKHAM WOODS RD. Street Address (P.O. Box Number is Not Acceptable) LONGWOOD FL 32779 83 R4 City Zip Code 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, typed or printed name of registered agent and title if applicable, (NO1): Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE ☐ Change ☐ Addition 111111 TITLE GREEN, KAY 1.2 NAME NAME 1250 MARKHAM WOODS RD. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 21 11111 Change TITLE GRAHAM, KAYE 2.2 NAME NAME 1729 MT. VERNON RD. 2.3 STREFT ADDRESS STREET ADDRESS ATLANTA GA CITY-ST-ZIP 2.4 CITY-ST-ZIP DELFTE 3.1 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 1011.8 NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 City - \$1 - ZiP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE 6.1 THLE Change Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY- \$1-ZIP CITY-ST-ZIP 14. I do 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 eath; 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.

alle all all 1

SIGNATURE:

**FILED** 

407-599-0875