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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G32374

(2)

UNITED RESORTS, INC.

FILED Mar 14 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 3301 WHITFIELD AVE 3301 WHITFIELD AVE SARASOTA FL 34243 SARASOTA FL 34243-3314				,				
					3. Date Incorporated or Qualifier 04/08/1983	I	nte of Last Report 19/1996	
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite. Apt. #, etc.	Suite, Apt. #. etc.		59-2299794		Not Applicable \$8.75 Additional	
22		27	27		5. Certificate of Status Desired		Fee Required	
City & Stat	de	City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip	30		This corporation has liability to Florida Statutes	_ ` 1	tax under s. 199.032, No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New I	Registered	Agent	
MILLO, WALTER G				81 Name				
3301 WHITFIELD AVE SARASOTA FL 34243			E	2 Street Add	Idress (P.O. Box Number is Not Acceptable)			
	100 IN 1 E 04240		8	13		 -		
1			-	4 City			85 Zip Code	
					:	FL	1_1	
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 agont, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered								
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's.								
SIGNATURE	Signature, typed or printed name of registered agen	and tide if applicable (NO?	Registered A	lgent signature requ	med when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE NAME	D Mills, Walter G.		1 1 101 LI 1.2 NAM				Change Addition	
STREET ADDRESS	3301 WHITFIELD AVENUE			ELADDRESS				
CITY-ST-ZIP	SARASOTA FL		1	· SI · ZIP			3	
TITLE	DEL		2.1 TITLE				Change Addition C	
NAME			2.2 NAM					
STREET ADDRESS				ET AUDRESS				
CITY-ST-ZIP TITLE		DELETE	3 1 1/11/6	'-S1-7IP			Change Addition	
NAME			3.2 NAM	j				
STREET ADORESS			3 3 S1HE	ET ACIDRESS				
CITY-ST-ZIP			34 CITY	- S1 - 71F				
TITLE		FT DELETE	4.1 Trillf	1			Change Addition	
NAME OTRICET ADDRESS			4. 2 NAN					
STREET ADDRESS CITY+ST-ZIP			4.3 STRE	FT ADDRESS				
TITLE		DELETE	5 1 101E				Change Addition	
NAME			5.2 NAM	;				
STREET ADDRESS			5.3 STRE	ET ADORESS				
CITY-ST-ZIP			5.4 CITY				P-1 01	
TITLE		DELE IF	6 1 THE	Ī			Change Addition	
NAME PTOFET ADDRESS			6.2 NAM					
STREET ADDRESS CITY-ST-ZIP			6.3 STRE 6.4 CITY	ET ADDRESS				
VIII-31-ZIF	The state of the s	1 0 5 Fl	■ 6.4 CHY	- 51-ZIF	dia Casti - 440 03(0)(), Flacid - Cast			

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. 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 as address.