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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Country

9. Name and Address of Current Registered Agent

25

(2)

Mailing Address

Suite, Apt. #, etc.

City & State

UNITED RESORTS, INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Principal Place of Business	Mailing Address			
3301 WHITFIELD AVE	3301 WHITFIELD AVE			
SARASOTA FL 34243	SARASOTA FL 34243			

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**FILED** Feb 17 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/08/1983 Applied For 59-2299794 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the curre nt year Intangible □ No Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

MILLS, WALTER G	81	Name
3301 WHITFIELD AVE SARASOTA FL 34243	82	Street Address (P.O. Box Number is Not Acceptable)
	83	
	84	City FL 85 Zip Code
Character to the previous of Castings CO7 OFOO and CO7 4500 Florida Clab dep the of		and an exacting public this statement for the suppose of absociate its sociators.

Country

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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: E	tegietorad Agnot eignature	required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	(INCIE. C	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	IS IN 12			
TITLE	D	DELETE	1.1 TITLE		Change	Addition			
NAME	MILLS, WALTER G.		1.2 NAME						
STREET ADDRESS	3301 WHITFIELD AVENUE		1.3 STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP						
TITLE		DELETE	2.1 TITLE		Change	Addition			
NAME			2.2 NAME						
STREET ADDRESS			23 STREET ADDRESS			Ì			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP						
TITLE		DELETE	3.1 TITLE		Change	Addition			
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREET ADDRESS			į			
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE		DELETE	4.1 TITLE		Change	Addition			
NAME			4 2 NAME						
STREET ADDRESS			4.3 STREET ADDRESS						
CITY-ST-ZIP			4.4 CITY - ST - ZIP						
TITLE		DELETE	5.1 TIFLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY - ST - ZIP						
TITLE		DELETE	6.1 TITLE		Change	☐ 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. WALTER GMILLS