

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G84874** (8)

1. Corporation Name

BERMUDA VILLAS MOTEL CORPORATION



Principal Place of Business

Mailing Address

**505 S. ATLANTIC AVE
DAYTONA BEACH FL 32118**

**505 S. ATLANTIC AVE
DAYTONA BEACH FL 32118**

3. Date Incorporated or Qualified

02/15/1984

3a. Date of Last Report

03/21/1995

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

29

30

4. FEI Number

59-2428151

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 s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KIM, KIL JIP
2200 N ATLANTIC AVE #602
DAYTONA BEACH FL 32018**

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 of person filing this report and that of the agent and that of the agent

(NOTE: Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

**P
KIM, KIL JIP
2200 N ATLANTIC AVE #602
DAYTONA BEACH FL**

☐ DELETE

2. TITLE

~~**S
JEAN, EUN-OK
2703 S ATLANTIC AVE
DAYTONA BEACH FL**~~

☐ DELETE

3. TITLE

4. TITLE

5. TITLE

6. TITLE

7. TITLE

8. TITLE

9. TITLE

10. TITLE

11. TITLE

12. TITLE

13. TITLE

14. TITLE

15. TITLE

16. TITLE

17. TITLE

18. TITLE

19. TITLE

20. TITLE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

2. 1. TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

3. 1. TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

4. 1. TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5. 1. TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6. 1. TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

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☐ Change ☐ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/96

(904) 255-2498

Date

Daytime Phone #

CR2E034 (12/95)