

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # H76474 (6)
1. Corporation Name
RESORT TIMESHARE RESALES, INC.



Principal Place of Business

Mailing Address

1100 S STATE RD 7
#200
MARGATE FL 33068
US

1100 S STATE RD 7
#200
MARGATE FL 33068
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1985

4. FEI Number

59-2576490

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, MICHAEL E
800 CORPORATE DRIVE #602
SUITE 707
FT LAUDERDALE FL 33334

81 Name Greene Michael E.
82 Street Address (P.O. Box Number is Not Acceptable)
9900 W. Sample Rd, ste 324
83
84 City Coral Springs FL 85 Zip Code 33065

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
COHEN, LAWRENCE
1100 S STATE RD 7, SUITE 200
MARGATE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVPT
MARSHALL, JUDITH E
1100 S STATE RD 7, SUITE 200
MARGATE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP
☐ Change ☐ Addition

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP
☐ Change ☐ Addition

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP
☐ Change ☐ Addition

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP
☐ Change ☐ Addition

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP
☐ Change ☐ Addition

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP
☐ Change ☐ Addition

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.

SIGNATURE

[Signature]

4-2398

CR2E034 (10/97)