

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 # **J11140** (7)
1. Corporation Name
THE CLUB OF THE OAKS AT RESORT WORLD, INC.



Principal Place of Business
**2794 N POINCIANA BLVD.
KISSIMMEE FL 34746
US**

Mailing Address
**P. O. BOX 422168
KISSIMMEE FL 34742-2168
US**

3. Date Incorporated or Qualified 04/25/1986	3a. Date of Last Report 05/01/1995
4. FEI Number 59-2786325	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**MEYERS, STEVEN M. ESQ.
ONE BISCAYNE TOWER, SUITE 2550
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1506, 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 or printed name of registered agent and dated below.

(If filer is Registered Agent of signature, please print name of filer.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
STREET ADDRESS	3235 TOMAHAWK DR	1.2 NAME	KAPUS, Robert A
CITY-ST-ZIP	KISSIMMEE FL	1.3 STREET ADDRESS	3235 Tomahawk Dr
		1.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	NAME	2.1 TITLE	NAME
STREET ADDRESS	MEYERS, NEIL S.	2.2 NAME	MEYERS, NEIL S
CITY-ST-ZIP	5001 LAKE CECIL DRIVE	2.3 STREET ADDRESS	5001 Lake Cecil Dr
	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, FL
TITLE	NAME	3.1 TITLE	NAME
STREET ADDRESS	PD	3.2 NAME	MEYERS, HILIEL
CITY-ST-ZIP	MEYERS, HILIEL	3.3 STREET ADDRESS	4875 Pine Tree Dr
	4875 PINE TREE DRIVE	3.4 CITY-ST-ZIP	MIAMI BEACH FL
	MIAMI BEACH FL		
TITLE	NAME	4.1 TITLE	NAME
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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 registered agent 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

4-15-96

Date

Signature of Filers

CR2E034 (12/95)