

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

FILED

Apr 30 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 # J82287 (0)
1. Corporation Name
RESORTS EXCHANGE INTERNATIONAL OF AMERICA, INC.



Principal Place of Business Mailing Address
11000 70TH AVENUE NORTH
SEMINOLE FL 34642 11000 70TH AVENUE NORTH
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/09/1987	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2819470	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 33772		29 33772		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent STAVOLI, BARBARA A 11000 70TH AVENUE NORTH SEMINOLE FL 33772				10. Name and Address of New Registered Agent			
81 Name K.E. Alles				82 Street Address (P.O. Box Number is Not Acceptable)			
83 11000 70th Avenue, North				84 City Seminole, Florida 33772			
85 Zip Code FL				86 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 *K.E. Alles* (NOTE: Registered Agent signature required when reinstating) DATE 4-16-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAVOLI, BARBARA A	1.2 NAME	
STREET ADDRESS	815 JACARANDA DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gary LaPalme	2.2 NAME	President
STREET ADDRESS	7200 Hemlock Lane	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ste. 110	2.4 CITY-ST-ZIP	
TITLE	Maple Grove, Min. 55369	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	N.A. Waynert	3.2 NAME	Secretary N.A. Waynert
STREET ADDRESS	11000 70th Avenue North	3.3 STREET ADDRESS	11000 70th Avenue North
CITY-ST-ZIP	Seminole, Florida 33772	3.4 CITY-ST-ZIP	Seminole, Florida 33772
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *N.A. Waynert* 4-22-98 813-399-9994

CR2E034 (10/97)