03161999-90056-050-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 16, 1999 8:00 am
Secretary of State
03-16-1999 90056 050 ***150.00

DOCUMENT # **J82287**

1. Corporation Name
RESORTS EXCHANGE INTERNATIONAL OF AMERICA, INC.

Principal Place of Business
% JOSEPH D. STAVOLI
11000 70TH AVENUE NORTH
SEMINOLE FL 34642

Mailing Address
% JOSEPH D. STAVOLI
11000 70TH AVENUE NORTH
SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1987

4. FEI Number: 59-2819470 — 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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business
21 c/o Joe Arrigoni
Suite, Apt. #, etc.
22 301 E. Hillcrest St.
City & State
23 Orlando FL
Zip 24 32801 Country 25 Orange

2a. Mailing Address
26 c/o Joe Arrigoni
Suite, Apt. #, etc
27 301 E. Hillcrest St.
City & State
28 Orlando FL
Zip 29 32801 Country 30 Orange

9. Name and Address of Current Registered Agent
ALLES, K E
11000 70TH AVENUE NORTH
SEMINOLE FL 33772

10. Name and Address of New Registered Agent
81 Name: Anthony A Arrigoni
82 Street Address (P.O. Box Number is Not Acceptable): 301 E. Hillcrest Street
83
84 City: Orlando FL — FL — 85 Zip Code: 32801

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 _____ DATE
Signature, typed or printed name of registered agent (include # applicable) (NOTE: Registered Agent signature required when maintaining)

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	LAPALMA, GARY	
STREET ADDRESS	7200 HEMLOCK LANE SUITE #110	
CITY-ST-ZIP	MAPLE GROVE MN 55369	
TITLE	S	☑ DELETE
NAME	WAYNER, N A	
STREET ADDRESS	11000 70TH AVENUE NORTH	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	☐ Change ☑ Addition
1.2 NAME	Anthony Arrigoni	
1.3 STREET ADDRESS	301 E. Hillcrest St.	
1.4 CITY-ST-ZIP	Orlando FL 32801	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: _____ 3/15/99 407-481-0118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #