

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J87501 (9)

1. Corporation Name  
RESORTS YACHTS OF AMERICA, INC.

Principal Place of Business

6400 N. ANDREWS AVE.  
STE. 200  
FORT LAUDERDALE FL 33309  
US

Mailing Address

6400 N. ANDREWS AVE.  
STE 200  
FORT LAUDERDALE FL 33309  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 11001 Executive Center Dr.		06/30/1987	
22 City & State		27 Little Rock, AR		4. FEI Number	
23 Zip		28 72211		65-0253033	
24 Country		29 USA		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MULLER, RALPH P. 6400 N. ANDREWS AVENUE SUITE 200 FT. LAUDERDALE FL 33309				81 Name C. T. Corporation Systems	
				82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.	
				83	
				84 City Plantation 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, typed or printed name of registered agent and title if applicable

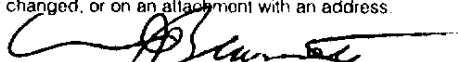
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLER, RALPH P.		1.2 NAME	John W. McConnell	
STREET ADDRESS	6400 N. ANDREWS AVE. STE.200		1.3 STREET ADDRESS	11001 Executive Center Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEHAN, KEVIN M.		2.2 NAME	Franz Hanning	
STREET ADDRESS	6400 N. ANDREWS AVE., STE 200		2.3 STREET ADDRESS	11001 Executive Center Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE	CAIRO, HENRY M.	<input type="checkbox"/> DELETE	3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6400 N. ANDREWS AVE., STE 200		3.2 NAME		
STREET ADDRESS	FT. LAUDERDALE FL		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Robert W. Howeth	
STREET ADDRESS			4.3 STREET ADDRESS	11001 Executive Center Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	VP/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	Marcel J. Dumeny	
STREET ADDRESS			5.3 STREET ADDRESS	11001 Executive Center Dr.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Little Rock, AR 72211	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			6.2 NAME	William J. Bennett	
STREET ADDRESS			6.3 STREET ADDRESS	11001 Executive Center Dr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Little Rock AR 72211	

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:



506-228-2200

CR2E034 (10/97)