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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # K05699 (9) THE CLUB OF THE SPAS AT RESORT WORLD, INC.					
Principa: Place of Business 2794 N. POINCIANA BLYD KISSIMMEE FL 34748 US		Mailing Address PO BOX 422168 KISSIMMEE FL 34742-2168 US			
				3. Date Incorporated or Qualified 12/08/1987 3a. Date of Last Report 04/24/1996	
	lace of Business	2a. Mailing Address		4. FEI Number Applied For	
Suite, Apt	# etc.	Suite, Apt. #, etc.		59-2907632 Not Applicable  \$8.75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State	0	City & State		6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
<b>23</b>	Country	Zip	Country	This corporation has liability for intangible tax under s. 199.032.	
24	25	29	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent  MEYERS, STEVEN M.  B1 Name S1 0.420 00 00 00 4005 0 00					
	BISCAYNE TOWER SUITE 35	550		dress (P.O. Box Number is Not Acceptable)	
1	S. BISCAYNE BLVD.			dioss () dox (tallibor is Not Acceptable)	
MIAN	M FL 33131		83		
			84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	ites, the above-named co	rporation submits this statement for the purpose of changing its registered	
office or n agent 1 a	egistered agent, or both, in the Sta m familiar with, and accept the obt	te of Florida. Such change was igations of, Section 607.0505, F	authorized by the corpora lorida Statutes.	ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE					
12.	Signature, typed or printed name of registered a OFFICERS A	agent and title if applicable (NO ND DIRECTORS	TE Registered Agent signature req	pured when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TILE	VO	DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	KAPLUS, ROBERT A.		1.2 NAME		
STREET ADDRESS	3235 TOMAHAWK DR KISSIMMEE FL		1.3 STREET ADDRESS		
CITY-ST-7#	PDT	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition	
NAME	MEYERS, NEIL		2.2 NAME	C. Oldings C. Foshion	
STHEFT ADDRESS	5001 LAKE CECIL DRIVE		2.3 SYREET ADDRESS	<b>★</b> .	
CITY+ST-ZIP	KISSIMMEE FL		2. 4 CITY - ST - ZIP		
TETLE	SDCF MEYERS, HILLEL	☐ DELETE		5DCB Addition	
NAME	4875 PINE TREE DRIVE		3.2 NAME	·	
STREET ADDRESS CITY+ST-7IP	MIAMI BEACH FL		3.3 STREET ADDRESS  3.4. CITY-ST-ZIP		
THLE	<u> </u>	DELETE	4.1 TITLE	Change Addition	
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		
CITY-ST-2IF		☐ DELETE	4.4 CITY - ST - ZIP	Change Addition	
TITLE NAME			5.1 TITLE 5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY-ST-ZIP		
TILLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-SI-7P	and the three the second is a second is	industria files de set sus	64 CITY-ST-ZIP	od in Section 110 07/9V/) Elected Statutes I further certify that the	
informatio informatio I am an o appears i	by Centry that the information supply on indicated on this annual lepont of ifficer or director of the corporation in Block 12 or Block 13 if changed	supplemental annual report is of the receiver of trastee emport or on a attachment with an accordance of the receiver of trastee empore or on a rattachment with an accordance of the receiver	true and accurate and the world to execute this reporters.	ed in Section 119.07(3)(i), Florida Statules. I further certify that the lat my signature shall have the same legal effect as if made under oath, the port as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE:

**FILED** 

May 01 1997 8:00am

Secretary of State