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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

K06009

(0)

DOCUMENT #
1. Corporation Name

RESORT OWNERSHIP, INC.

|--|

12005 CLEVEL	of Business	Mailing Address						
12995 CLEVELAND AVE. SUITE #164 FT. MYERS FL 33907		12985 CLEVELAND AVE. Suite #164 Ft. Myers Fl 33907						
				3. Date Incorporated or Qualified 12/09/1987	3a. Date of Last Report 04/27/1995			
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number 65-0039447	1		Applied For
21		26			00 0003441	/		Not Applicable
Suite, Apt. #,	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	X		5 Additional Required
22		27			6. Election Campaign Financing	/ 		00 May Be
City & State		City & State			Trust Fund Contribution			led to Fees
Zip	Country	28 Zip	Countr		8. This corporation has liability for	intangible ta		
24	25	29	30	,		s ∐No		
	9. Name and Address of Curre	· ·,- · · 			10. Name and Address of New I	Registered	Agent	
		1 VA	81	Name				
KEIM, RA	INDY L.		82	Street Add	dress (P.O. Box Number is Not Accepta	ble)		
12995 CL	LEVELAND AVE, #164			C Olivect / tac		·		
FT. MYEF	RS FL 33907		83	3				
			84	1 City			85	Zıp Çode
				<u> </u>	oration submits this statement for the pu	FL		
SIGNATURES		erasette na celeber - di ND DIRECTORS	IOTE Brognianco Ap	ent Sojuatur i se po	ADDITIONS/CHANGES TO OF			
TITLE	PD	☐ D€LETE	1.1100				☐ Chang	e 🔲 Addition
NAME	KEIM, RANDY L.		1.2 NAME					
HAMAE								
STREET AD DRESS	12995 CLEVELAND AVE. #	164		ET ADDRESS				
	FT. MYERS FL						<u></u>	- Nice
STREET AD DRESS	FT. MYERS FL	164 □ DELETE	135186	ST-ZIP			Chang	e 🔲 Addition
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certify that the information indicated on this armual 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 trusted 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 attrictment with an address

SIGNATURE: __

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)