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**PROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K46652 (9)

1. Corporation Name

FAMILY RESORTS OF AMERICA, INC.



Principal Place of Business

Mailing Address

**3750 US 27 N
UNIT 2A
SEBRING FL 33870
US**

**3750 US 27 N
UNIT 1D
SEBRING FL 33870
US**

3. Date Incorporated or Qualified

11/17/1988

3a. Date of Last Report

02/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FULCHER, BOBBY
NRS REALTY
3750 US 27 N, UNIT 2D
SEBRING FL 33870**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

3750 US 27 N, Unit 1D

83

84 City

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 restate agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **DEBLASIO, BONIFACE**
STREET ADDRESS **11 PAGE DRIVE**
CITY- ST- ZIP **RED BANK N.J.**

TITLE **ST** ☐ DELETE
NAME **DEBLASIO, JOSEPHINE**
STREET ADDRESS **11 PAGE DRIVE**
CITY- ST- ZIP **RED BANK N.J.**

TITLE **VP** ☐ DELETE
NAME **FULCHER, BOBBY**
STREET ADDRESS **1200 US 27 N, UNIT 81**
CITY- ST- ZIP **SEBRING FL**

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bobby Fulcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-96

941-386-1611

Date

Daytime Phone #

CR2E034 (12/95)