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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K46652

FAMILY RESORTS OF AMERICA, INC.

1 CHANGE L'I	ILOOMIO OF THEIL HOTH HAD							
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Principal Place	of Business	Mailing Address						
3750 US 27 N		3750 US 27 N						, ,
UNIT 1D		UNIT 1D				DO NOT WRITE IN THIS SPACE		
SEBRING FL 33870-1645		SEBRING FL 33870 US				3. Date Incorporated or Qualifed		
US		03				11/17/1988	•	*
2 Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	A	polied For
2. Principal Place of Business		26				59-2921491	N	ot Applicable
Suite, Apt. #	# etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	•	Additional
22		27				5. Certificate of Status Desired	Fee R	equired
City & State	9	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year		.
24	25	29	30			Personal Property Tax.	☐Yes	No
	9. Name and Address of Current	Registered Agent .				10. Name and Address of New Registe	red Agent	•
				81	Name			
FULC	CHER, BOBBY	•		82	Street Addre	ess (P.O. Box Number is Not Acceptable)	-	
	US 27 NORTH	•		\perp		10.7 (6. 2° t), (4. 20° C), (5. 4° C), (6. 44), (6. 4), (7. 4° C),	tiget a mir trata inadat tera trada esta a Alia	3 3/1 J m 13/16
UNIT				83				
SEBE	RING FL 33870	·		84	City		85 Zip	Code
		k Market of the first of the fi			-		FL " - "	
							e of changing it	s registered 🖐
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11. Pursuant I	agistored agent of both in the State O	t Fiorida, Such change was	auulorized	1 DV U	named corpo ne corporatio	oration submits this statement for the purpos on's board of directors. I hereby accept the a	ppointment as r	egistered
Pursuant office or research agent! I ai	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligation	t Fiorida, Such change was	auulorized	1 DV U1	named corpo ne corporatio	yrs board of directions. Thorough accopt the		egistered
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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

FILED

Feb 03, 1999 8:00am

Secretary of State

02-03-1999 90013 037 ***150.00