- PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K79437 1. Corporation Name

INTERSTATE RESORTS, INC.

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90109 020 \*\*\*150.00

| 1 (88(8))) | <br> | I BIBLI 81811 BIBL |   |
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|            |      |                    | ; |

| 111 WEST FORTUNE STREET 111 WEST FORTUNE STREET  |                                 |                                     |
|--|---------------------------------|-------------------------------------|
| TAMPA FL 33602-3206 TAMPA FL 33602-3206  | 0.004.05                        |                                     |
| DO NOT WRITE IN THI 3. Date Incorporated or Qualifed   | S SPACE                         |                                     |
| 04/06/1989   |                                 |                                     |
| 2. Principal Place of Business 2a, Mailing Address 4, FEI Number   | App                             | plied For                           |
| 26 59-2963401  | Not                             | t Applicable                        |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired   | \$8.75 A                        |                                     |
| 22 27  | Fee Re                          | ·                                   |
| City & State City & State 6, Election Campaign Financing   | \$5.00                          |                                     |
| 23 Trust Fund Contribution   | Added to                        | o Fees                              |
| Zip Country Zip Country 8, This corporation owes the current year In   |                                 | □No                                 |
| 24 25 29 30 Personal Property Tax.  9 Name and Address of Current Registered Agent 10, Name and Address of New Registered  |                                 | LINO                                |
| 9, Name and Address of Current Registered Agent 10, Name and Address of Notice Registered 81 Name 2  | Agent                           |                                     |
| CALLEN, DAVID-H. Kebuson Latter  |                                 |                                     |
| 111 W FORTUNE STREET  82 Street Address (P.O. Box Nymber le-Not Acceptable)  | <del>S1-</del>                  | ľ                                   |
| TAMPA FL 33602   |                                 |                                     |
| 17 dW 77 L 3304L   |                                 |                                     |
| 84 City TAMPIA F   | 85 Zip 9                        | ode<br>560Z                         |
| 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  | f 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 nereby accept the appropriate  | millioni as reg                 | pistered                            |
| agent. I am familiar with, and accept the offligations of, Section 607 (\$90, Florida Statutes.  | $\alpha$                        | ,                                   |
| office or registered agent, or both, in the State of Florida. Such change as authorized by the corporation's board of directors. I hereby accept the appragent. I am familiar with, and accept the obligations of, Section 607.0008, Florida Statutes.  SIGNATURE  | -99                             |                                     |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE   | -77_                            |                                     |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   | -77_                            |                                     |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  DP  (NOTE: Registered Agent signature required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AT 1.1 TITLE  | ND DIRECTO                      | RS IN 12                            |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AT TITLE  DP DELETE 1.1 TITLE  NAME CALLEN, ROBINSON MR. 12 NAME   | ND DIRECTO                      | RS IN 12                            |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND TITLE  NAME  CALLEN, ROBINSON MR.  STREET ADDRESS  111 W. FORTUNE ST.  12. INTILE  12. ADDITIONS/CHANGES TO OFFICERS AND TITLE  13. STREET ADDRESS  14. ADDITIONS/CHANGES TO OFFICERS AND TITLE  15. INTILE  16. INTILE  17. INTILE  18. INTIL | ND DIRECTO                      | RS IN 12                            |
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| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AT TITLE  NAME  CALLEN, ROBINSON MR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  TAMPA FL  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  | ND DIRECTOI                     | RS IN 12                            |
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| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  CALLEN, ROBINSON MR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.2 NAME  1.4 CITY-ST-ZIP  2.1 TITLE  2.2 NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.1 TITLE  3.1 TITLE  3.1 TITLE   | ND DIRECTO                      | RS IN 12 Addition                   |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STREET ADDRESS  | ND DIRECTO                      | RS IN 12 Addition                   |
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS  TITLE  NAME  CALLEN, ROBINSON MR.  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  32 NAME  STREET ADDRESS   | ND DIRECTO                      | RS IN 12 Addition                   |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AT ADDITIONS/CHANGES TO OFFICERS ADDITIONS/CH | ND DIRECTO                      | RS IN 12 Addition                   |
| SIGNATURE   Signature, typed or printed name of registered agent and title if applicable.   (NOTE Registered Agent signature required when reinstating)   DATE   | ND DIRECTO                      | RS IN 12 Addition Addition          |
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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 appropriate 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 adaction with an address, with all other like empowered.

SIGNATURE:

813-229 6686