FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	K94352
Corporation Name	

(7)

RV LANDINGS, INC.

Principal Place of Business

Mailing Address



	GLAND COMPANIES OORE ROAD. #104 N FL 33487		AGLAND COMPANIES MOORE ROAD, ∌104 W. FL 33487	3. Date incorporated or Qualified	3a. Date of Last Report
				06/12/1989	04/14/1995
	ace of Business	2a. Ma'ling Ad	ddress	4. FEI Number	Applied For
21		26		65-0133060	Not Applicable
Suite, Apt. #, etc.		Suite, Apt	. н, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & Sta		6. Election Campaign Financing	
23		28		Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30		□ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Age					
902 CLIN SUITE 10 BOCA RA	ATON FL 33487		83 84 City	Nonald A. Gara t Address IP.O. Box Number is Not Accepted TO Androws Ava	FI 85 Zp Code 32142
	to the provisions of Sections 607,050 and agent, or both, in the State of Flo th, and accept the obligations of, Sec			corporation submits this statement for the purs shoard of directors. Thereby accept the app	pose of changing its registered office pointment as registered agent. Farm
SIGNATURE _	Signature, typed or pented name of registered ad-	of and the Carrierable	(N. HE Registeres Agent sujuation		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND MOS CTODS IN 12
TIFLE	PD		DELETE 1 1 TILE	7.20110110 01111020 10 011	Change Addition
NAME	GARGANO, RONALD A.		1.2 NAME		A 1
STREET ADDRESS	902 CLINT MOORE ROAD 10	na.	13 STREET ADORESS	Jon And a se	Arroles Silva
CITY - ST - ZIP	BOCA RATON FL	V1		190 mareros	72/0-
TITLE	VD		14 CHY-SI-ZIP ELETE 2 1 TILE	790 Andrews Delray Beach	1, 12 30483
NAME	VECELLIO, LEO A. JR.		2.2 NAME	· ·	, Charge LI Addelon
STREET ADDRESS	P.O. BOX 15065				i
CITY-ST-ZIP	WEST PALM BEACH FL		2.3 STREET ADDRESS		· ·
TITLE	WEOT FALM BEAUTIFE	<u> </u>	2 4 CHY - ST - ZIP ELFTE 3 1 T TLE		
NAME			V 11122		Change Addition
STREET ADDRESS			3 2 AAM?		
			3.3 SERECT ADDRESS		
CITY-ST-ZIP TITLE			3 4 CITY ST-ZIP		
		∐ υ	ELETE 4 1 TIFLE		Change Addition
NAME OFFICE ACCORDED			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		i
CITY-ST-7:P			. 4.4 C/TY ST-7IP		
1.TLF		ں ا	ELETE 5 1 TITLE		Change Modition
NAME			5.2 NAME		Í
STREET ADDRESS			5.3 STREET ADDRESS		
C(TY - ST - ZIF			5.4 City - St. ZiF	ļ	
TITLE		□ 0	ELETE 6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STPEET ADDRESS		
CITY - ST - ZIP			6.4 CINY - \$1 - 7IP		The state of the s
14. I do hereby	certify that the information supplied	with this fling is valu	ntarily furnished and does not go	alify for the exemption stated in Section 119.0	07/31/kt. Etorida Statutes Turther

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 logal effect as if made under oath; that I am an officer or director of the carboration or the receiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

4-29-96 407-243-6400 Duyme Phone