

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L06491** (9)

1. Corporation Name
RESORT TO CAROL, INC.



Principal Place of Business: **301 BROADWAY SUITE 403 RIVIERA BEACH FL 33404 US**
Mailing Address: **301 BROADWAY SUITE 403 RIVIERA BEACH FL 33404 US**

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields for additional locations.

3. Date Incorporated or Qualified: **08/03/1989**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **65-0138275**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**CLAY, CAROL B
610 TENNIS CLUB DRIVE
307
FT. LAUDERDALE FL 33311**

10. Name and Address of New Registered Agent (81-85) fields.

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, type or print name of registered agent and title, if applicable) (NOTE: Registered Agent signature expires when term ends) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	CLAY, CAROL	
STREET ADDRESS	1170 A1A, SUITE 204	
CITY - ST - ZIP	HILLSBORO BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LAMONICA, PATRICIA	
STREET ADDRESS	1830 C SAN JUAN DRIVE	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLAY, CAROL	
1.3 STREET ADDRESS	610 TENNIS CLUB DRIVE # 307	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33311	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Patricia La Monica*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96 (407) 845-0093
Date Digital Filing #

CR2E034 (12/95)