

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:54**

DOCUMENT # L32513 (8)

1. Corporation Name

RESORTREP VILLAS, INC.

Principal Place of Business

**C/O SUZANNE CHIN
P.O. BOX 271367
TAMPA FL 33688**

Mailing Address

**C/O SUZANNE CHIN
P.O. BOX 271367
TAMPA FL 33688**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/27/1989

3a. Date of Last Report

03/10/1994

4. FEI Number

59-2985898

Applied For

☐ Not Applicable

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

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

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHIN, SUZANNE
11216 NORTH DALE MABRY HWY.
SUITE 103
TAMPA FL 33618**

81 Name

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

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 of person or persons authorized to register agent and their address

Signature of Principal Agent (signature required when revolving)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**D
CHIN, SUZANNE
4105 BRENTWOOD PARK CIR.
TAMPA FL**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

15 CITY ST ZIP

16 CITY ST ZIP

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40 CITY ST ZIP

SIGNATURE:

Suzanne Chin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95 (813/962-0762)