**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 # **L32513** **(8)**

1. Corporation Name

**RESORTREP VILLAS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| C/O SUZANNE CHIN<br>P.O. BOX 271367<br>TAMPA FL 33688 | C/O SUZANNE CHIN<br>P.O. BOX 271367<br>TAMPA FL 33688 |

3. Date Incorporated or Qualified: **11/27/1989**
3a. Date of Last Report: **03/30/1995**

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 4105 BRENTWOOD PARK | 26 |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: TAMPA, FLORIDA | 28 City & State |
| 24 Zip: 33624 25 Country: U.S.A. | 29 Zip 30 Country |

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

81 Name: SUZANNE CHIN
82 Street Address: 4105 BRENTWOOD PARK CIRCLE
83
84 City: TAMPA, FL 85 33624

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 this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | CHIN, SUZANNE | 12 NAME | |
| STREET ADDRESS | 4105 BRENTWOOD PARK CIR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 14 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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)(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 added on an attachment with an address.

**SIGNATURE:** S. Chin 4/4/96 (813) 963-0762
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)