FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(4)

rincipal Place of Business	Mailing Address
601 S. PINE ST	601 S. PINE ST
NEW SMYRNA BEACH FL 32169	NEW SMYRNA BEACH FL 32169

FILED Jan 21 1998 8:00am Secretary of State

	RESORT MANAGEMENT SEI	RVICES, INC.			
Principal Plac	ce of Business	Mailing Address		ı iracımı dir Ribit dalın inili macid dili	ALBIT DINI QINI NSHE NINI RESI INDI
601 S. PINE		601 S. PINE ST	****		
NEW SMITH	IA BEACH FL 32169	NEW SMYRNA BEACH FL	. 32169	DO NOT WRITE	IN THIS SPACE
1				3. Date Incorporated or Qualified	IN THIS SI AGE
[01/03/1990	·
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3055441	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	" "	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pale	
24	9. Name and Address of Curren		30	Personal Property Tax due June 3 10. Name and Address of New Reg	
н	ILL, CHARLES A.	t nogistered Agent	81 Name	10. Name and Address of New Aeg	istered Agent
	7 CANAL STREET				
1	W SMYRNA BEACH FL 32168		82 Street Addr	ress (P.O. Box Number is Not Acceptable	e)
1	WITHIN DEADLI L 02100		83		
1			84 City		FI 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the above-pamed corn	poration submits this statement for the nu	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a	uthorized by the corporat	ion's board of directors. I hereby accept	the appointment as registered
		tions of Spotion 607 ČECE Ela			
	im familiar with, and accept the obliga	tions of, Section 607.0505, Flo	rida Statutes.	, ,	
SIGNATURE	m familiar with, and accept the obligation of the state o		rida Statutes. : Registered Agent signature requin		DATE
	Signature, typed or printed name of registered ager OFFICERS AND	it and title if applicable. (NOTE			DATE
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND	it and title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AND P MCWHORTER, W. ROBERT	at and title if applicable. (NOTE)	: Registered Agent signature requir	ed when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or printed name of registered ager OFFICERS AND P MCWHORTER, W. ROBERT 601 S PINE ST	at and title if applicable. (NOTE)	: Registered Agent signature require 13. 1.1 TITLE	ed when reinstating)	DATE RS AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered ager OFFICERS AND P MCWHORTER, W. ROBERT	t and title if applicable. (NOTE) DIRECTORS DELETE	. Registered Agent signature requirements of the second sec	ed when reinstating)	DATE ERS AND DIRECTORS IN 12 Change Addition
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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 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 a statute of the corporation of the corporation

SIGNATURE