

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **M30499** (1)  
1. Corporation Name

**RESORT MANAGEMENT SERVICES INC.**



Principal Place of Business	Mailing Address
% JAMES M. KOSMAS 751 THIRD AVE. NEW SMYRNA BEACH FL 32169	% JAMES M. KOSMAS 751 THIRD AVE. NEW SMYRNA BEACH FL 32169

3. Date Incorporated or Qualified <b>04/15/1986</b>	3a. Date of Last Report <b>04/07/1995</b>
4. FEI Number <b>59-2689878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>3208 Hill St.</b> Suite, Apt. #, etc	26 <b>3208 Hill St.</b> Suite, Apt. #, etc
22 City & State <b>New Smyrna Beach, FL</b>	27 City & State <b>New Smyrna Beach, FL</b>
23 Zip <b>32169</b>	28 Zip <b>32169</b>
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>KOSMAS, JAMES M. 751 THIRD AVE. NEW SMYRNA BEACH FL 32069</b>	10. Name and Address of New Registered Agent
	81 Name <b>KOSMAS JAMES M.</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>3208 Hill Street</b>
	83
	84 City <b>New Smyrna Beach</b>
	85 Zip Code <b>FL 32169</b>

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and intended agent (if not the registered agent, signature required when returning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Executive Vice President</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>ANGELA S. BAKER</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>3208 Hill Street</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Vice President of Operations</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>LINDA M. O'NEIL</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>3208 Hill Street</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 19.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra M. O'Neill* *Linda M. O'Neill* **8/3/96** **(905) 428-1874**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)