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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # M66362 (8)VIRGINIA BEACH RESORT, INC. Principal Place of Business Mailing Address 105 OCEAN BLVD 105 OCEAN BLVD. **GOLDEN BEACH FL 33160 GOLDEN BEACH FL 33160** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/29/1988 06/26/1995 2. Principal Place of Business 2a. Mailing Address 4 FEI Number Applied For 65-0023837 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certilicate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Added to Fees Trust Fund Contribution Zip Country 210 Country 8. This corporation has liability for intangible tax under s. 199.032 24 25 29 30 Florida Statutes 🔲 Yes 🔲 No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SCEMLA, CLAUDE 105 OCEAN BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **GOLDEN BEACH FL 33160** 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, type dior printed ranks of registered agent and title if applicable (NOTE Rig several Agent signature required when reinstating): [DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition 13. Claud Scembo tor ocean Borlevard Goldey Reach of 83100 **PSD** DELETE. TITLE 11 TITLE SCEMLA, CLAUDE NAME 1.2 NAME STREET ADDRESS 601 N. FEDERAL HWY. 13 STREET ADDRESS HOLLYWOOD FL CITY-ST-ZIP 14 CITY - ST - ZIP TITLE DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CHTY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TIFLE DELETE 4.1 THILE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIF 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE 600001882896 Addition NAME 5.2 NAME -07/03/96--01023--037 STREET ADDRESS 5.3 STREET ADDRESS ***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k) Figiral Statutes I further certify that the information indicated on this annual report or supplimental annual report is true and accurate and that my signature shall have the 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 Brock 12 or Block 13.1 chapged, or or an attachment with an address.

5.4 CITY - ST - ZIP

6 3 STREET ADDRESS

6.4 CitY - \$1 - 7iP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY - ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

Tifue

NAME

GNATURE AND THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

305-2655080