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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M87793

(9)

1776 RESORTS, INC.

Principal Place of Business Mailing Address

6000 \$ RIO GRANDE AVE
GALAXY \$-204
GRIANDO FL 32809

ORLANDO FL 32809

GRIANDO FL 32808-4RS0

FILED Apr 23 1997 8:00am Secretary of State

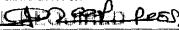


GALAXY S-204 ORLANDO FL :		GALANY S. 201 OBLANDO FL 32808-4850		Date Incorporated or Qualified	3a. Date of Last Report
• Driveies I	Place of Business	2a. Mailing Address		06/30/1988 4. FEI Number	05/01/1996
21 585	18 INTERNATIOAL DR	26 P. O. Box 23	40	59-2896821	Applied For Not Applicab
Suite, Apt		Suite Apt # etc			#9.7E Addition 1
	OOMA	27 WINDERM	yeree	5. Certificate of Status Desired	Fee Required
City & Stat	LORIDA	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
^{2/p} 4] 3⊃2	819 Country 25 DiSiA	Zip 34786 3	Country 2, A	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, Yes No
<u> </u>	9. Name and Address of Current	1501 10		10. Name and Address of New Re	
NAN	VA, J. D.		81 Name	I.D. NANA	
	O.S. RIO GRANDE AVE-		82 Street	· · · · · · · · · · · · · · · · · · ·	nle)
-620			54	Address (P.O. Box Number is Not Acceptate A 7 BROCKLINE DI	ZIVE
-ORL	ANDO FL-32809~		83	RUANDO	
			84 City		85 Zip Code
				FLORIDA	FL 85 Zip Code 19
office or i agent. La	registered agent, or both, in the State of air familiar with, and accept the obligat	f Florida. Such change was aut	thorized by the corp	corporation submits this statement for the poration's board of directors. I hereby acce	pt the appointment as registered
S:GNATURE	Signorius, type dian printed name of registered agent	and title if applicable (NOTE: F	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	DP	☐ DELETE	1.1 TITLE		Change Addition
NAME	NANA, J.D.		1.2 NAME		
STREET ADDRESS	6000 RIO GRANDE AVE.		1.3 STREET ADDRESS		
3(1 Y - S1 - Z)(ORLANDO FL		1.4 C TY-\$T-Z P		
TITLE.		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
City-S) Zir			2 4 CITY-ST-ZIP		
ME		DELETE	31 TITLE		Change Addition
NAME			3.2 NAME		•
STREET ADDRESS			3.3 STREET ADDRESS		
DIY-SI-ZIE			3.4. CITY-ST-ZIP		
TITLE)	☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		Document	4.4 CITY - ST - ZIP		
111LE		L DELETE	51 TITLE		Criange Addition
NAME			5 2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
NAME STREET ADDRESS CHTY-ST-ZIP		Lours	5.3 STREET ADDRESS 5.4 City-St-Zip		Change T Addition
NAME STREET ADDRESS CITY-ST ZIP TITLE		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZP TITLE NAME		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
NAME		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I are 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 an address.

SIGNATURE:

TI BINAILT. C. L.



3(26)97 407-872-6142