

FILE NOW: FILING FEE IS \$61.25

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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26296

1. Corporation Name
PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.

Principal Place of Business 6200 SAFARI TRAIL KISSIMMEE FL 32741	Mailing Address 2345 SAND LAKE RD SUITE 100 ORLANDO FL 32809 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/05/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2952750
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

KORSHAK, STEPHEN D.
 2345 SAND LAKE RD.
 SUITE 100
 ORLANDO FL 32809

****please note address correction****

10. Name and Address of New Registered Agent

81 Name Korshak, Stephen D.
82 Street Address (P.O. Box Number is Not Acceptable) 2345 Sand Lake Road
83 Suite 120
84 City Orlando,
85 Zip Code FL 32809

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VPD	NAME ROMAN, ROBERT	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4816 COREY RD	CITY-ST-ZIP TOLEDO OH	1.2 NAME Roman, Robert	
		1.3 STREET ADDRESS 4816 Corey Road	
		1.4 CITY-ST-ZIP Toledo, Ohio 43623	
TITLE PD	NAME MYERS, JULIE M	2.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 18802 NORTH 20TH DRIVE	CITY-ST-ZIP PHOENIX AZ	2.2 NAME Myers, Julie M.	
		2.3 STREET ADDRESS 18802 North 20th Drive	
		2.4 CITY-ST-ZIP Phoenix, Az. 85027-5755	
TITLE TSD	NAME SNYDER, ARTHUR B III	3.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3711 DEL PRADO BLVD 9	CITY-ST-ZIP CAPE CORAL FL	3.2 NAME Snyder, Arthur B. III	
		3.3 STREET ADDRESS 3711 Del Prado Boulevard # 9	
		3.4 CITY-ST-ZIP Cape Coral, Fl. 33904	
TITLE D	NAME DE MARINIS, VINCENT JR	4.1 TITLE TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 117 ROYAL PINE CIRCLE N	CITY-ST-ZIP ROYAL PALM BEACH FL	4.2 NAME DeMarinis, Vincent Jr.	
		4.3 STREET ADDRESS 117 Royal Pine Circle North	
		4.4 CITY-ST-ZIP Royal Palm Beach, Florida 33411	
TITLE	NAME	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME Wood, Arthur Jr.	
CITY-ST-ZIP		5.3 STREET ADDRESS Box 952-19	
		5.4 CITY-ST-ZIP Augusta, Me. 04330	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Julie M. Myers* **SIGNATURE REQUIRED** Julie M. Myers 01/27/99 602-580-0491
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)