


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N35559 (6)
1. Corporation Name
SAN REMO VACATIONS CLUB, INC.



Principal Place of Business % PETER DE JONG 472 FIRST ST. W. TIERRA VERDE FL 33715-1707	Mailing Address C/O JACQUES DE BRUIN 472 1ST W TIERRA VERDE FL 33715-1707 US
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3. Date Incorporated or Qualified 12/08/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 59-3077203	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KNAUST, WARREN J
2730 CENTRAL AVE.
ST. PETERSBURG FL 33715**

10. Name and Address of New Registered Agent

**81 Name JOHN SWISHER
82 Street Address (P.O. Box Number is Not Acceptable) 669 FIRST AVE N
83 S
84 City ST PETERSBURG FL 85 Zip Code 33701**

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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRUIN, JACQUES	1.2 NAME	
STREET ADDRESS	472 FIRST ST. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILL, PAY	2.2 NAME	
STREET ADDRESS	472 1ST ST W	2.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO, BOOM	3.2 NAME	
STREET ADDRESS	472 1ST ST W	3.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	3.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE BRUIN, JOEP	4.2 NAME	
STREET ADDRESS	472 1ST ST W	4.3 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL 33715	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 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.

SIGNATURE: *[Signature]* April 8 97 (06415-30A) (013)

CR2E037 (9/96)