

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jan 26 1996 8:00 am
Secretary of State

DOCUMENT # P06986 (4)

1. Corporation Name
BERKELEY RESORTS MANAGEMENT CORP.



Principal Place of Business: **3045 POLYNESIAN ISLES BOULEVARD, KISSIMEE FL 34746**
Mailing Address: **3045 POLYNESIAN ISLES BLVD, THE PAVILION - 4TH FLOOR, KISSIMEE FL 34746, US**

3. Date Incorporated or Qualified: **08/06/1985**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **22-2611294**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for State, City, and Country.

9. Name and Address of Current Registered Agent: **MORRIS, MAX F., 2300 SUN BANK CENTER, 200 SOUTH ORANGE AVE., ORLANDO FL 32801**

10. Name and Address of New Registered Agent (81-85) fields.

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

SIGNATURE: _____ (Official Registered Agent signature required when her state is _____)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOLKO, RONALD S	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRABARNICK, PHILLIP G	
STREET ADDRESS	3048 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEYERS, NEIL S	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MEYERS, HILLEL A	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KENNEDY, DALE V	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	EGGERT, RICHARD J	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY-STATE-ZIP	KISSIMEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard J. Eggert* RICHARD J. EGGERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)