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Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 34746-4705  
US

3. Date Incorporated or Qualified 08/06/1985  
3a. Date of Last Report 01/26/1996

4. FEI Number 22-2611294  
Applied For Not Applicable

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 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOLKO, RONALD S	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY - ST - ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GRABARNICK, PHILLIP G	
STREET ADDRESS	3048 POLYNESIAN ISLES BLVD	
CITY - ST - ZIP	KISSIMEE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEYERS, NEIL S	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY - ST - ZIP	KISSIMEE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MEYERS, HILLEL A	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY - ST - ZIP	KISSIMEE FL	
TITLE	DV PS	<input type="checkbox"/> DELETE
NAME	KENNEDY, DALE V	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY - ST - ZIP	KISSIMEE FL	
TITLE	DV PS	<input type="checkbox"/> DELETE
NAME	EGGERT, RICHARD J	
STREET ADDRESS	3045 POLYNESIAN ISLES BLVD	
CITY - ST - 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 - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: Richard J. Eggert - 1/10/97 - 407-396-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)