

5-11-98 B-6994 - (C)
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P21269 (6)
1. Corporation Name
OUTDOOR WORLD CORP. - ORLANDO RESORT



Principal Place of Business
ROUTE 209
BUSHKILL PA 18324

Mailing Address
ROUTE 209
BUSHKILL PA 18324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 5 Concourse Parkway		10/12/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 2400		36-3582665	
City & State		City & State		Applied For	
23		28 Atlanta GA		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29 30328		30 US	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		Yes No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HOWELLS, DANIEL P.	1.2 NAME	Michael Livingston
STREET ADDRESS	RT 209	1.3 STREET ADDRESS	RT 209
CITY-ST-ZIP	BUSHKILL PA	1.4 CITY-ST-ZIP	Bushkill, PA 18324
TITLE	VP	2.1 TITLE	VP
NAME	CORSO, FRANK	2.2 NAME	Graham Clayton
STREET ADDRESS	RD 5 BOX 5816	2.3 STREET ADDRESS	RT 209
CITY-ST-ZIP	E. STROUNDSBURG PA	2.4 CITY-ST-ZIP	Bushkill, PA 18324
TITLE	S	3.1 TITLE	S
NAME	MORGAN, BRUCE L.	3.2 NAME	Leslie O. Jones
STREET ADDRESS	RD 2 BOX 2200	3.3 STREET ADDRESS	5 Concourse Parkway
CITY-ST-ZIP	MOSCOW PA	3.4 CITY-ST-ZIP	Atlanta, Georgia 30328
TITLE	T	4.1 TITLE	D
NAME	DELANEY, THOMAS G.	4.2 NAME	John H. Watson
STREET ADDRESS	#4 FAIRFIELD	4.3 STREET ADDRESS	5 Concourse Parkway
CITY-ST-ZIP	AVONDALE ES GA	4.4 CITY-ST-ZIP	Atlanta, Georgia 30328
TITLE	AS	5.1 TITLE	
NAME	MCNEESE, JACK L.	5.2 NAME	
STREET ADDRESS	4323 LAKE CHIMNEY CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE
4/20/98 2203926705

CR2E034 (10/97)