

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000010468 (5)

1. Corporation Name
LIDO TOWERS VACATION RENTALS, INC.



Principal Place of Business: **1001 BENJAMIN FRANKLIN DR. SARASOTA FL 34236-2296**
Mailing Address: **1001 BENJAMIN FRANKLIN DR. SARASOTA FL 34236-2296**

3. Date Incorporated or Qualified: **02/04/1993**
3a. Date of Last Report: **02/06/1995**
4. FEI Number: **65-0392474**
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 Mailing Address (2a-26) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **DISTASIO, PHYLLIS B, 1001 BENJAMIN FRANKLIN DR. SARASOTA FL 34236-2296**
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: _____ (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: DORONIN, CAMILE STREET ADDRESS: 4 TAYLOR ST CITY-ST-ZIP: LITTLE FERRY NJ	1.1 TITLE: P	NAME: Thompson, Richard STREET ADDRESS: POBox 162 Ryland Road CITY-ST-ZIP: Whitehouse, NJ 08888
TITLE: TD	NAME: DISTASIO, PHYLLIS STREET ADDRESS: 1001 BEN FRANKLIN DR CITY-ST-ZIP: SARASOTA FL	2.1 TITLE:	NAME:
TITLE: VD	NAME: NUGENT, LAWRENCE STREET ADDRESS: 38 LAURELWOOD DR CITY-ST-ZIP: HOPDALE MA	3.1 TITLE: S	NAME: Norm Harris STREET ADDRESS: 7859 N. Lake LaSalle Rd. CITY-ST-ZIP: Morgantown, IN 46160
TITLE: SD	NAME: RAMOS, AUGUSTINE STREET ADDRESS: 8 VIKING DR CITY-ST-ZIP: BRISTOL RI	4.1 TITLE: VP	NAME:
TITLE:	NAME:	5.1 TITLE:	NAME:
TITLE:	NAME:	6.1 TITLE:	NAME:

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: *Augustine Ramos* Date: **April 26, 1996** Daytime Phone #: **941-388-5529**

CR2E034 (12/95)