

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**May 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P93000010468 (5)
 1. Corporation Name
LIDO TOWERS VACATION RENTALS, INC.



DO NOT WRITE IN THIS SPACE

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	
4. FEI Number 65-0392474	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	THOMPSON, RICHARD	
STREET ADDRESS	P.O BOX 162, RYLAND RD. N/A	
CITY-ST-ZIP	WHITEHOUSE NJ	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DISTASIO, PHYLLIS	
STREET ADDRESS	1001 BEN FRANKLIN DR	
CITY-ST-ZIP	SARASOTA FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, NORM	
STREET ADDRESS	7859 N. LAKE LASALLE RD.	
CITY-ST-ZIP	MORGANTOWN IN	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RAMOS, AUGUSTINE	
STREET ADDRESS	8 VIKING DR	
CITY-ST-ZIP	BRISTOL RI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MACKINNON, MICHAEL	
1.3 STREET ADDRESS	1355 TANGLEWOOD COURT	
1.4 CITY-ST-ZIP	WINDSOR, ONTARIO N9J 2K3	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID LISTON	
2.3 STREET ADDRESS	1001 BEN FRANKLIN #303	
2.4 CITY-ST-ZIP	SARASOTA, FL 34236	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	THOMAS LANDERS	
3.3 STREET ADDRESS	1009 H. JACKSON #2405	
3.4 CITY-ST-ZIP	MILWAUKEE, WI 53202	
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 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.

CR2E034 (10/97)