

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000028499 (0)

1. Corporation Name

ORLANDO RESORT MANAGEMENT, INC.

Principal Place of Business

751 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

Mailing Address

751 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169-3101

2. Principal Place of Business

21 3000 HART AVENUE

Suite, Apt. #, etc.

22

City & State

23 KISSIMMEE, FL

Zip

24 34746

Country

25 USA

2a. Mailing Address

26 920 THIRD AVENUE

Suite, Apt. #, etc.

27

City & State

28 NEW SMYRNA BEACH, FL

Zip

29 32169

Country

30 USA

9. Name and Address of Current Registered Agent

KOSMAS, JAMES M  
111 LIVE OAK STREET  
NEW SMYRNA BEACH FL 32168

3. Date Incorporated or Qualified

04/19/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3181350

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

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 ☐ DELETE

NAME  
DTS  
KOSMAS, STEVEN P  
STREET ADDRESS  
751 THIRD AVENUE  
CITY- ST- ZIP  
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME  
DP  
KOSMAS, NICHOLAS G  
STREET ADDRESS  
751 THIRD AVENUE  
CITY- ST- ZIP  
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME  
DV  
KOSMAS, PAUL  
STREET ADDRESS  
751 THIRD AVENUE  
CITY- ST- ZIP  
NEW SMYRNA BEACH FL

TITLE ☐ DELETE

NAME  
D  
GORDY, HAROLD B JR  
STREET ADDRESS  
5200-B OCASTAL HIGHWAY  
CITY- ST- ZIP  
OCEAN CITY MD 21842

TITLE ☐ DELETE

NAME  
D  
KOSMAS, JAMES M  
STREET ADDRESS  
111 LIVE OAK  
CITY- ST- ZIP  
NEW SMYRNA BEACH FL 32168

TITLE ☐ DELETE

NAME  
D  
KOSMAS, JAMES M  
STREET ADDRESS  
111 LIVE OAK  
CITY- ST- ZIP  
NEW SMYRNA BEACH FL 32168

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
920 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
920 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
920 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
920 THIRD AVENUE  
NEW SMYRNA BEACH FL 32169

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ 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 included 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 of the corporation; and that I am qualified 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.

SIGNATURE:

*Steven P. Kosmas*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN KOSMAS

2/27/97 (904) 428-7590

Date

Daytime Phone #

CR2E034 (9/96)

FILED  
Mar 07 1997 8:00am  
Secretary of State

