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Apr 08 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 # P93000049291 (6)

1. Corporation Name:
J.K. RESORT VACATIONS, INC.



Principal Place of Business: 7770 W. IRLO BRONSON HIGHWAY, KISSIMMEE FL 34747
Mailing Address: PO BOX 422572, KISSIMMEE FL 34742-2572, US

3. Date Incorporated or Qualified: 07/07/1993
3a. Date of Last Report: 04/01/1996

21. Principal Place of Business 1495 Riviera Dr.	2a. Mailing Address	4. FEI Number 59-3190848	Applied For Not Applicable
22. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State Kissimmee	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip 34744	28. Zip Country	29. Zip Country	30. Zip Country

9. Name and Address of Current Registered Agent KARPP, GERALD A 7770 W. IRLO BRONSON HIGHWAY KISSIMMEE FL 34747	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPP, GERALD A	1.2 NAME	KARPP, GERALD A
STREET ADDRESS	7770 W. IRLO BRONSON HWY	1.3 STREET ADDRESS	P.O. BOX 422572, 1495 RIVIERA DR.
CITY - ST - ZIP	KISSIMMEE FL 34747	1.4 CITY - ST - ZIP	KISSIMMEE, FL 34742
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARPP, FRANCES A	2.2 NAME	KARPP, FRANCES A
STREET ADDRESS	7770 W. IRLO BRONSON HWY	2.3 STREET ADDRESS	P.O. BOX 422572, 1495 RIVIERA DR.
CITY - ST - ZIP	KISSIMMEE FL 34747	2.4 CITY - ST - ZIP	KISSIMMEE, FL 34742
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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, or on an attachment with an address.

SIGNATURE: _____ DATE: 2/28/97 DAYTIME PHONE #: 407 870 2562

CR2E034 (9/96)