FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000051698 (7)**

1. Corporation Name

TRIAD RESORTS, INC.

Principal Place of Business	Mailing Address
10332 COUNTY ROAD 561-A CLERMONT FL 34711	P.O.BOX 643 WINDERMERE FL 34786

2. Principal Place of Business 21 7491 CONROY-WINDERMERE RD	2a. Mailing Address 26
Suite, Apt. #, etc. 22 SUITE L	Suite, Apt. #, etc. 27
City & State 23 ORLANDO	City & State 28
Zip / Country 24 32835 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 07/23/1993	3a. Date of Last Report 08/21/1995
4. FEI Number 59-3259986	☐ 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	

9. Name and Address of Current Registered Agent

CONKLIN, DENNIS M
10332 COUNTY RD. 561-A
CLERMONT FL 34711

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE (Required when filing) (New Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONKLIN, DENNIS M.		1.2 NAME	
STREET ADDRESS	10332 COUNTY RD. 561-A		1.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	WOOD, CHRIS		2.2 NAME	
STREET ADDRESS	10332 COUNTY RD. 561-A		2.3 STREET ADDRESS	9030 CHARLES E. LIMPUS RD
CITY-ST-ZIP	CLERMONT FL		2.4 CITY-ST-ZIP	ORLANDO FL. 32836
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STEPHEN E. MCGUIRE		3.2 NAME	
STREET ADDRESS	6402 HIDDEN DALE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32819		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 added, or is an attachment with an address.

SIGNATURE: [signature] CHRIS WOOD 1-22-96 (407) 354 0186.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #