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

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # P 93000051698 (7)

1. Corporation Name

TRIAD RESORTS, INC.

Principal Place of Business	Mailing Address
	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 7/23/93	3a. Date of Last Report JAN/FEB 1996
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.
6256 MASTER BLVD # C.302
ORLANDO, FL. 32819.

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6256 MASTER BLVD
83 # C.302
84 City ORLANDO FL 85 Zip Code 32819

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] 5·20·96
(Written Registered Agent's signature required for filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE CONKLIN, DENNIS M.	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ DELETE STEPHEN E. MCGUIRE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE S 3.2 NAME JEFFREY D. WINKLER 3.3 STREET ADDRESS 2329 WEST 5175 SOUTH 3.4 CITY-ST-ZIP ROY UT 84067	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE P T 4.2 NAME WOOD, CHRIS 4.3 STREET ADDRESS 9030 CHARLES LIMPUS RD 4.4 CITY-ST-ZIP ORLANDO, FL. 32836	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE 500001858745 -06/11/96--01157--035 6.2 NAME ***61.25 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE: [signature] CHRIS WOOD 5·20·96 407 354 0186
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number