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Feb 06 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 # P93000051698 (7)

1. Corporation Name
TRIAD RESORTS, INC.



Principal Place of Business
7491 CONROY-WINDERMERE RD.
SUITE L
ORLANDO FL 32835
US

Mailing Address
P.O. BOX 843
WINDERMERE FL 34786-0643

3. Date Incorporated or Qualified
07/23/1993

3a. Date of Last Report
01/26/1996

2. Principal Place of Business 21 9030 CHARLES LIMPUS RD Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FL. Zip 24 32836	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	4. FEI Number 59-3259986 Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent CONKLIN, DENNIS M 8256 MASTER BLVD. #C.302 ORLANDO FL 32819	10. Name and Address of New Registered Agent 81 Name 82 Street Address, P.O. Box Number, or Mailing Address 2939 SUNBITTERN COURT 83 84 City WINDERMERE, FL 85 Zip 34786
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S WINKLER, JEFFREY D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2329 WEST 5185 SOUTH	1.2 NAME	
STREET ADDRESS	ROY UT 84067	1.3 STREET ADDRESS	2329 WEST 5185 SOUTH
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PT WOOD, CHRIS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9030 CHARLES LIMPUS RD	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32836	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 person or persons authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed.

SIGNATURE: _____ (WOOD, CHRIS) 1-31-97 (407) 876 9335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)