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 # **P93000076038 (7)**

1. Corporation Name

RESORT TELESPORTS EDUCATION, INC.

Principal Place of Business

5405 CYPRESS CENTER DR
SUITE 100
TAMPA FL 33609
US

Mailing Address

5405 CYPRESS CENTER DR
SUITE 100
TAMPA FL 33609
US

2. Principal Place of Business

21 14499 N. Dale Mabry Hwy
22 Suite, Apt. #, etc. 168
23 City & State Tampa FL
24 Zip 33618
25 Country

2a. Mailing Address

26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 10/28/1993

3a. Date of Last Report: 05/01/1995

4. FEI Number: 59-3220252 — 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

TAYLOR, VERNON E
5405 CYPRESS CENTER DR
SUITE 100
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 14499 N. Dale Mabry
83 Suite 168
84 City Tampa FL 85 Zip Code 33618

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	VERNON TAYLOR	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	C	☐ DELETE
NAME	FLASKAY, NICHOLAS	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☑ DELETE
NAME	PERKINS, PATRICK S	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☑ DELETE
NAME	MAGLIONE, FRED	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	☐ DELETE
NAME	JACKSON, BARRY R	
STREET ADDRESS	5405 CYPRESS CENTER DR	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/3/96 — Daytime Phone # 813-968-3420

CR2E034 (12/95)