FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000084723 (4)

ROAD RUNNER TRAVEL RESORT, INC.

Principal Place of Business	Mailing Address
5500 ST. LUCIE BLVD.	5500 ST. LUCIE E
FORT PIERCE FL 34946	FORT PIERCE FL

FILED Jan 21 1997 8:00am Secretary of State



Principal Place of Business Mailing Address			T HODDINGOU SHO FOLIOO SHILL BONIN BONIN BONIN BONIN BONIN BONIN HOODD HACOD DHILL BODI							
5500 ST. LUCIE BLVD. FORT PIERCE FL 34946		5500 ST. LUCIE BLVD. FORT PIERCE FL 34946-9056			,					
						3. Date Incorporated or Qualified 12/10/1993		e of Last I 5/1996	Report	
· ·	Pace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	I		pplied For	
21		26	. 4			*****			lot Applicable	
Suite, Apt 22	#, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional legulred	
City & Stat			City & State			6. Election Campaign Financing			 	
23			28			Trust Fund Contribution	ng \$5.00 May Be Added to Fees			
Zφ	Zip Country Zip Coun		untry		8. This corporation has liability for intangible tax under s. 199.03					
24	25	29	30			Florida Statutes	Yes 🗌	No		
	9. Name and Address of Curre	nt Registered Agent		100		10. Name and Address of New Reg	istered A	gent		
	IX, MARILYN			81	Name					
5500 ST. LUCIE BLVD. FT. PIERCE FL 34946				82	Street Addr	fress (P.O. Box Number is Not Acceptable)				
11.	FILTIOL I L STATO			83					· · · ·	
				84	City		FL	 85 Zip	Code	
office or r agent. La SIGNATURE	registered agent, or both in the State It familiar with and accept in oblic Mouse	incl				oration submits this statement for the pu tion's board of directors. I hereby accept	the appo	intment a	s registered	
12.	Signal are upod or printed and or eigener diagrams.	iornane displicable (N ID DIRECTORS		d Age	nt signature requir	red wheri reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DIDECTO	DO 01.40	
TATLE	DVT	DELETE	13.	ITLE		ADDITIONS/CHANGES TO OFFICE	CH2 AND	Change	HS IN 12	
NAME	MINIX, MARILYN J	<u></u>	1.2 N				L	onlingo	Addition	
STREET ADDRESS	5500 ST. LUCIE BLVD.		1		ADDRESS					
C-TY - ST - 2)P	FT. PIERCE FL			ITY-5						
TITLE	DP	DFLETE	211		<u>`:</u>		I	Change	Addition	
NAME	MINIX, JAMES I		2.2 N	AME						
STREET ADDRESS	5500 ST. LUCIE BLVD.		238	TREET	ADDRESS					
C TY+ST+ZIP	FT. PIERCE FL		2.44	CITY - S	ST-ZIP					
TITLE	S TUPPEO	DELETE	3.1 T	ITLE		•	**	Change	Addition	
NAME	FOWLER, THERESA 5500 ST. LUCIE BLVD		3.2 N							
STREET ADDRESS	FORT PIERCE FL				ADDRESS					
CHY-ST ZIP	TOTAL FIELDE FE	DELETE	3.4. (4.1 I		ST-ZIP			Change	Addition	
NAME		_ otter		NAME			ι	—i Anguye	L. Pagnillill	
STREET ADDRESS					ADDRESS					
CITY - ST - ZIP				ITY-S						
TITLE		DELETE	5.1 1				····	Change	Addition	
N4ME			5.2 N	IAME						
STREET ADDRESS			5.3 \$	TREET	ADDRESS					
CITY+SI+ZIP			5.4 0	ITY - S	I ZIP					
1111.0		☐ DELETE	6.1 T	ITLE	T			Change	Addition	
NAMÉ			6.2 8	IAME						
STREET ADDRESS	1		6.3 \$	TREET	ADDRESS					
CHY-ST-ZIP	<u> </u>			ITY - S		Tin Section 119 07/3\(ii) Florida Statuton				

Los rereby dering that the samual report or s information indicated on this annual report or s Lam an officer of orrector of the corporation or or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that in or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name