FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUN 14 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****900.00 **** 225.00

DOCUMENT # P94000016240

1. Corporation Name

Florida Resort & Realty, Inc.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2200 E. Irlo Bronson Highway Suite 105 Kissimmee, FL 34744	

3. Date Incorporated or Qualified: 1994
3a. Date of Last Report: 1994

2. Principal Place of Business	2a. Mailing Address
21 Same AS Above	26 Same AS Above
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3227678 ☐ 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	10. Name and Address of New Registered Agent
Julian Vasquez 2200 E. Irlo Bronson # 104 Kissimmee, FL 34744	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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	President/Treasurer	11 TITLE	Chairman	☒ Change ☐ Addition
NAME	Julian Vasquez	12 NAME	Roy Comben	
STREET ADDRESS	2200 E. Irlo Bronson # 104	13 STREET ADDRESS	866 Country Crossing	
CITY-ST-ZIP	Kissimmee, FL 34744	14 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		21 TITLE	Director	☒ Change ☐ Addition
NAME		22 NAME	Michael Agombar	
STREET ADDRESS		23 STREET ADDRESS	743 Country Woods Circle	
CITY-ST-ZIP		24 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		31 TITLE	Secretary	☒ Change ☐ Addition
NAME		32 NAME	Julian Vasquez	
STREET ADDRESS		33 STREET ADDRESS	2200 E. Irlo Bronson # 104	
CITY-ST-ZIP		34 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		41 TITLE	Vice President/Broker	☒ Change ☐ Addition
NAME		42 NAME	Lara Sills	
STREET ADDRESS		43 STREET ADDRESS	2200 E. Irlo Bronson # 104	
CITY-ST-ZIP		44 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		51 TITLE	Vice President/Broker	☐ Change ☒ Addition
NAME		52 NAME	Kathleen Johnson	
STREET ADDRESS		53 STREET ADDRESS	231 Satinwood Circle	
CITY-ST-ZIP		54 CITY-ST-ZIP	Kissimmee, FL 34744	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Julian Vasquez 05/10/95 (407) 847-4500

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