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

V-1735

DOCUMENT # **P94000016240 (1)**

1. Corporation Name
FLORIDA RESORT & REALTY, INC.

Principal Place of Business
2200 E. IRLO BRONSON MEMORIAL HWY
SUITE 104
KISSIMMEE FL 34744

Mailing Address
2200 E. IRLO BRONSON MEMORIAL HWY
SUITE 104
KISSIMMEE FL 34744

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 06/14/1995
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

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
JULIAN VASQUEZ
2200 E.IRLO BRONSON #104
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent
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

TITLE	C	☐ DELETE
NAME	ROY CIMBEN	
STREET ADDRESS	866 COUNTY CROSSING	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	☐ DELETE
NAME	MICHEAL AGOMBAR	
STREET ADDRESS	743 COUNTRY WOODS CIR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	☐ DELETE
NAME	JULIAN VASQUEZ	
STREET ADDRESS	2200 E.IRLO BRONSON #104	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	☐ DELETE
NAME	LARA SILLS	
STREET ADDRESS	2200 E. IRLO BRONSON	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	VP	XX DELETE
NAME	KATHLEEN JOHNSON	
STREET ADDRESS	231 SATINWOOD CIR.	
CITY-ST-ZIP	KISSIMMEE FL 34744	
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	President/Treasurer/Sec	XX 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	100001836589	Change ☐ Addition
5.2 NAME	-05/23/96--01021--023	
5.3 STREET ADDRESS	***800.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(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: Julian Vasquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

5/24/96