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

APPROVED AND FILED
95 APR 18 PM 6:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000033789 (6)**

1. Corporation Name
INTERNATIONAL RESORT MARKETING, INC.

Principal Place of Business	Mailing Address
4301 VINELAND RD. SUITE E-2 ORLANDO FL 32811	4301 VINELAND RD. SUITE E-2 ORLANDO FL 32811

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4501 Vineland Road
22 Suite, Apt. #, etc. Suite 101
23 City & State Orlando FL
24 Zip 32811 25 Country Orange

2a. Mailing Address
26 4501 Vineland Road
27 Suite, Apt. #, etc. Suite 101
28 City & State Orlando FL
29 Zip 32811 30 Country Orange

4. FEI Number: 59-3241612 ☐ 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

LAXSON, HAZEL
4301 VINELAND RD.
SUITE E-2
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name: Laxson, Hazel
82 Street Address (P.O. Box Number is Not Acceptable): 4501 Vineland Road
83 Ste 101
84 City: Orlando FL 85 Zip Code: 32811

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: Hazel Laxson HAZEL LAXSON 4-6-95
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	DP	11 TITLE		☐ Change ☐ Addition
NAME	LAXSON, HAZEL J	12 NAME		
STREET ADDRESS	2213 WHALER WAY	13 STREET ADDRESS		
CITY-ST-ZIP	WINDERMERE FL 34786	14 CITY-ST-ZIP		
TITLE	DV	21 TITLE	DV	☒ Change ☐ Addition
NAME	FRANCO, JOSE L.	22 NAME	Laxson, Anne M	
STREET ADDRESS	5728 MAJOR BLVD., STE. 253-254	23 STREET ADDRESS	5117 Ridgeway Dr.	
CITY-ST-ZIP	ORLANDO FL 32819	24 CITY-ST-ZIP	Orlando FL 32819	
TITLE	DST	31 TITLE	DST	☒ Change ☐ Addition
NAME	LAXSON, ANNE M	32 NAME	Laxson, Anne M	
STREET ADDRESS	2213 WHALER WAY	33 STREET ADDRESS	5117 Ridgeway Dr.	
CITY-ST-ZIP	WINDERMERE FL 34786	34 CITY-ST-ZIP	Orlando, FL 32819	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
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: Anne Laxson Anne Laxson VP/ST 4/6/95 (407) 841-8080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000033789 CP