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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000033954 (6)

1. Corporation Name

BOCA INTERNATIONAL RESORT MANAGEMENT, INC.



Principal Place of Business

Mailing Address

HOLLOWAY HOUSE
HOLLOWAY STREET
POMARIA SC 29126

HOLLOWAY HOUSE
HOLLOWAY STREET
POMARIA SC 29126

3. Date Incorporated or Qualified

05/01/1994

3a. Date of Last Report

01/30/1996

4. FEI Number

57-0999629

Applied For

Not Applicable

6. 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

2a. Mailing Address

21 873 West Bay Drive

26 873 West Bay Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 209

27 209

23 Largo, Florida

28 Largo, Florida

Zip Country

Zip Country

24 33770 25 Pinellas

29 33770 30 Pinellas

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, BABETTE L
50 NORTH LAURA ST.
SUITE 3100 - BARNETT CENTER
JACKSONVILLE FL 32202

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 DCC ☐ DELETE
NAME FIELDS, MARCUS A.
STREET ADDRESS 662 HOLLOWAY ST
CITY- ST- ZIP POMARIA SC

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE PO ☒ DELETE
NAME DEFOREST, WILLIAM F.
STREET ADDRESS 134 BLUE GRASS CIRCLE
CITY- ST- ZIP HENDERSONVILLE TN

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE OVPS ☐ DELETE
NAME NELSON, BERNARD C.
STREET ADDRESS 3637 TORRE GRANDE AVE
CITY- ST- ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE AS ☐ DELETE
NAME FLETCHER, BABETTE L.
STREET ADDRESS 50 N. LAURA ST. STE 3100
CITY- ST- ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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:

MARCUS A. FIELDS, Director

4/22/97 813-586-6119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0612885

CR2E034 (9/96)