

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000059316 (7)

1. Corporation Name

RESORTS REALTY, INC.



Principal Place of Business

12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS FL 33907

Mailing Address

12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS FL 33907

3. Date Incorporated or Qualified
08/11/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

4. FEI Number

65-0513864

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

WINER, STEVEN I
12800 UNIVERSITY DRIVE, SUITE 600
FT. MYERS FL 33907

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 the corporation

(If/She: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

D. Hawkins
XICRAN BLOXELAIN
12800 UNIVERSITY DRIVE, SUITE 350
FT. MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

P
BOGOTT, TIMOTHY
12800 UNIVERSITY DR STE 350
FT MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

VPS
KRICHBAUM, RICHARD E
12800 UNIVERSITY DR STE 350
FT MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

AS
BROOKS, VIRGINIA S
12800 UNIVERSITY DR STE 350
FT MYERS FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-STATE-ZIP

Change Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

100001862451
-06/14/96--01043--045
***200.00

John Asp, VP
13000 Captiva Road
Captiva, FL

Change Addition

5-1-96
AES

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:

Richard E. Krichbaum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD E. KRICHBAUM V.P.

4/24/96

941 481 5600

Date

Daytime Phone

CR2E034 (12/95)