FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION . . Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P94000062865 (8) DOCUMENT # Corporation Name RESORT LAND RESALES, INC. Principal Place of Business Mailing Address 1100 S STATE RD 7. 200 1100 S STATE RD 7, 200 MARGATE FL 33068 MARGATE FL 33068 3a. Date of Last Report 3. Date Incorporated or Qualified 08/22/1994 05/01/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Making Address ARPLIED FOR Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Žip 🖊 Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GREENE, MICHAEL E 800 CORPORATE DRIVE #602 83 FT. LAUDERDALE FL 33334 85 Zip Code 84 City 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 ☐ Change ☐ Addition Cohen, Lawrence R. IV. DELETE 1.11006 TITLE 1100 S. State Rd 7, Suite 200 COHEN, JUDITH E 1.2 NAME NAME 1.3 STREET ADDRESS % 1100 S STATE RD 7, 200 STREET ADDRESS MARGATE FL 33068 1.4 C/TY - ST - ZIP CITY-ST-ZIP Cohen Lawrence R. 100 S. Stote Rd'7, suite 200 [] DELETE 2.11011 TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS Margate, FL 33068 Vr. S. Tr 2 4 GITY- \$1-20F CITY - ST - ZIP ["] DELETE 3. 1 TITLE TITLE **3.2 NAME** NAME 3.3. STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CHY-ST-ZIP [7] Change Addition [T] DELETE 4. 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C(TY-ST-Z)P CITY-ST-ZIP 900001837940. Addition [] DELETE 5 1 TULE TITLE -05/24/96--01023 5.2 NAME NAME ***208.75 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-\$1-7P CITY - ST - ZIP [_] Change Addition [] DELETE 6. 1 TOLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST-ZIP CITY - ST - ZIP 14. Ido 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 his cated on this annual privint or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an office or director of the corporation or the eceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 12 of changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED

IAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SG 5-1-96

CR2E034 (12/95)