## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business	Mailing Address
SEE ALMANDDA PIDOLE	SEE ALLIANIDDA CIOCLE

## **FILED** May 14 1998 8:00am Secretary of State

•• • • •	RESORT GROUP, INC.	•				1)   10   11   11     		
Principal Place	e of Business	Mailing Address			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ANN DONN DENER H	<b>81)  89) 8  9</b>	9911 8411 1881
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		CORAL GABLES FL 33	134		TO NOT I	UDITE IN THE	C CDACE	
					3. Date Incorporated or Quali	VRITE IN THI	S SPACE	
					12/15/1994	ille0		
26		2a. Mailing Address			4. FEI Number	·		Applied For
		<u>⊢</u> ₁ ·		65-0560406		Not Applicable		
					d 🔀		8.75 Additional	
2		27			5. Certificate of Status Desire	a jasi	Fee f	Required
City & State	<del>0</del>	City & State			6. Election Campaign Finance	ing	\$5.00	May Be
3		28	, —		Trust Fund Contribution		Added	to Fees
Zip	Country	Ζφ	Countr	ry	8. This corporation owes or h			
4	25	29	30		Personal Property Tax due			L_No
	9. Name and Address of Currer	it Registered Agent	81	1 Name	10. Name and Address of Ne	w Registere	a Agent	
	RRIGAN, JUANITA I		L					
	ALHAMBRA CIRCLE		82	Street Ad	ddress (P.O. Box Number is Not Acc	eptable)		
ÇÜ	RAL GABLES FL 33134		B3	3			<del></del> <del>_</del>	
				<u> </u>				
			84	1 City			. 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Stat	utes, the apo	ve-named c	corporation submits this statement for	the purpose	of changing	its registered
office or n agent. I al SIGNATURE	to the provisions of Sections 607.050 egistered agent, or both, in the State or familiar with, and accept the oblig	of Florida. Such ch <b>ange was</b> ations of, Section 60 <b>7.05</b> 05, F	utes, the above s authorized b Florida Statute	ve-named copy the corpoes.	corporation submits this statement for oration's board of directors. I hereby equired when reinstating)	the purpose	of changing	its registered s registered
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indicated for this annual report of supplemental annual report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am a 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: Pr. manita 4. Kerrian VP