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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 # P94000093823 (0)

1. Corporation Name  
AMERICAN RESORT MARKETING, INC.



Principal Place of Business Mailing Address  
8501 WEST VINE STREET  
SUITE 205  
KISSIMMEE FL 34741  
US  
200 S ORANGE AVE  
STE 2300  
ORLANDO FL 32801-0440

3. Date Incorporated or Qualified 12/29/1994  
3a. Date of Last Report 04/27/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Same as Place of Business  
22 2345 Sand Lake Rd #100 27 Suite, Apt. #, etc.  
City & State 28 Orlando, FL  
23 Orlando, FL 29 32801-0440  
Zip 25 USA 30  
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
KORSHAK, STEPHEN D  
2345 SAND LAKE RD  
SUITE 100  
ORLANDO FL 32809  
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 *Stephen D. Korshak* DATE 4/22/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE CD  
NAME LINDEN, DEBORAH L  
STREET ADDRESS 2345 SAND LAKE RD, SUITE 100  
CITY-ST-ZIP ORLANDO FL  
TITLE TSD  
NAME BRUNO, ALBERT  
STREET ADDRESS 4701 N CUMBERLAND AVE  
CITY-ST-ZIP NORRIDGE IL  
TITLE VPD  
NAME BEAULIEU, ROBERT  
STREET ADDRESS 5341 W BELMONT AVE  
CITY-ST-ZIP CHICAGO IL  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 of this report or on an attachment with an address.

SIGNATURE: *Deborah L. Linden*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Deborah L. Linden

4/25/97  
401-859-8900  
Date Daytime Phone #

CR2E034 (9/96)