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

DOCUMENT # P95000018393 (5)

1. Corporation Name
TWELVE OAKS R.V. RESORT, INC.

Principal Place of Business
24850 S.W. 177TH AVE.
HOMESTEAD FL 33031

Mailing Address
24850 S.W. 177TH AVE.
HOMESTEAD FL 33031

3. Date Incorporated or Qualified: 03/06/1995
3a. Date of Last Report:

4. FEI Number: 65-0566981 ☐ 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

2. Principal Place of Business
21 17750 S.W. 248 St.
Suite, Apt. #, etc.
22
City & State
23 Homestead, FL
Zip 24 33031 Country 25 USA

2a. Mailing Address
26 17750 S.W. 248 St.
Suite, Apt. #, etc.
27
City & State
28 Homestead, FL
Zip 29 33031 Country 30 USA

9. **Name and Address of Current Registered Agent**

MAAS, JOHN P
44 N.E. 16TH ST.
HOMESTEAD FL 33030

10. **Name and Address of New Registered Agent**

81 Name: Thomas A. Vellanti
82 Street Address (P.O. Box Number is Not Acceptable): 17750 S.W. 248 St.
83
84 City: Homestead FL 85 Zip Code 33031

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] Thomas A. Vellanti, Pres. 05/13/96
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	Pres., Secy., Director	☒ Change ☐ Addition
NAME	VELLANTI, THOMAS A		1.2 NAME		
STREET ADDRESS	24850 S.W. 177TH AVE.		1.3 STREET ADDRESS	27520 S.W. 164 Court	
CITY-ST-ZIP	HOMESTEAD FL 33031		1.4 CITY-ST-ZIP	Homestead, FL 33031	
TITLE	D	☐ DELETE	2.1 TITLE	Vice-Pres. Treas.,Director	☒ Change ☐ Addition
NAME	VELLANTI, VELIA G		2.2 NAME		
STREET ADDRESS	24850 S.W. 177TH AVE.		2.3 STREET ADDRESS	27520 S.W. 164 Court	
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-ZIP	Homestead, FL 33031	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLIMPL, FRED		3.2 NAME		
STREET ADDRESS	128 HARBOR LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAVERNIER FL 33070		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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: [signature] 05/13/96 (305) 247-6623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas A. Vellanti, President

CR2E034 (12/95)