SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000052578 (8) DOCUMENT # **REGAL INTERNATIONAL VACATION RESORTS & MANAGEMEN** T, INC. Principal Place of Business Mailing Address 134 WHITE BIRCH DRIVE 134 WHITE BIRCH DRIVE KISSIMMEE FL 34743 KISSIMMEE FL 34743 3a. Date of Last Report 3. Date Incorporated or Qualified 07/07/1995 Applied For 4 FELNumber 2. Principal Place of Business 21 BY WHITE BIRCH DRIVE 2a. Mailing Address 26 P.O. Lox 450702 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be City & State Election Campaign Financing City & State KISS 1 MM 155 彸. Added to Fees KESIMME Trust Fund Contribution 23 for intringible tax under s 190 032 8. This corporation has liability Ζıρ US.A Yes No Florida Statutes US.A. 29 25 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent RALLIS, JOHN N II Street Address (P.O. Box Number is Not Acceptable) 809 E OAK STREET SUITE 103 83 KISSIMMEE FL 34744 Zip Code 85 84 City ictions 67,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of in the State of Provida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered state of brigations of, Section 607,0505, Florida Statutes. 11. Pursuant to the oth in the State of Fonda, Such office or registe ed agent agent SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ERS AND DIRECTORS 13. 12. DELETE TITLE CR2E034 1.2 NAME HAWLEY, RICHARD NAME 1.3 STREET ADDRESS 134 WHITE BIRCH DRIVE STREET ADDRESS 1.4 CITY - ST - ZIP KISSIMMEE FL 34743 CITY - ST - ZIF Change Addition DELETE 21 TILLE TITLE 2.2 NAME HAWLEY, SUSAN NAME 2.3 STREET ADDRESS 134 WHITE BIRCH DRIVE STREET ADDRESS 2 4 CITY - ST - ZIP KISSIMMEE FL 34743 DITY-ST-ZIF Change \_\_\_\_ Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TATLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 53STREET ADDRESS STREET ADDRESS 5.4 CiTY - \$1 - 7iP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 14. I do hereby certify that the information supplied with this filling 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 arms a 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 office and discount or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my normal processors is the processor of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my normal processors is the processor of the process

on an ettachment with an address

SIGNING OFFICER OR DIRECTOR

that my name appears in a

SIGNATURE AND TYPED OR PRINTED

**SIGNATURE** 

407-344-1995