

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000052578 (8)
1. Corporation Name
REGAL INTERNATIONAL VACATION RESORTS & MANAGEMEN
T, INC.



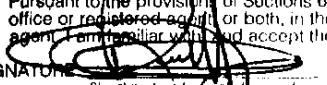
Principal Place of Business
134 WHITE BIRCH DRIVE
KISSIMMEE FL 34743

Mailing Address
P.O. BOX 450703
KISSIMMEE FL 34743
US

DO NOT WRITE IN THIS SPACE

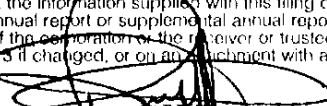
2. Principal Place of Business 21 134 WHITE BIRCH DRIVE Suite, Apt. #, etc. 22 City & State 23 KISSIMMEE FL Zip 24 34743		2a. Mailing Address 26 134 WHITE BIRCH DRIVE Suite, Apt. #, etc. 27 City & State 28 KISSIMMEE FL Zip 29 34743		3. Date Incorporated or Qualified 07/07/1995		4. FEI Number 59-3323413 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent RALLIS, JOHN N II 809 E OAK STREET SUITE 103 KISSIMMEE FL 34744				10. Name and Address of New Registered Agent 81 Name RICHARD HAWLEY 82 Street Address (P.O. Box Number is Not Acceptable) 134 WHITE BIRCH DRIVE 83 84 City KISSIMMEE FL 85 Zip Code 34743			
---	--	--	--	---	--	--	--

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:  RICHARD HAWLEY (PRESIDENT) 4/28/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWLEY, RICHARD			1.2 NAME			
STREET ADDRESS	134 WHITE BIRCH DRIVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAWLEY, SUSAN			2.2 NAME			
STREET ADDRESS	134 WHITE BIRCH DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	KISSIMMEE FL 34743			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:  RICHARD HAWLEY (PRESIDENT) 4/28/98 407 344-1995

CR2E034 (10/97)