SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

$225 + 8.75 = 233.75

Mr. & Mrs. Al Cristini
8758 S.E. Riverfront Terrace
Tequesta, FL 33469

↑ CORRECT ↑

DOCUMENT # **P95000061191 (9)**

1. Corporation Name

CAMPING RESORT OF THE PALM BEACHES, INC.

INCORRECT

THEREFORE 2ND COPY REC'D 7/8/96. NEVER REC'D FIRST NOTICE!

Principal Place of Business	Mailing Address
5332 LAKE WORTH RD. LAKE WORTH FL 33463 CORRECT	5332 LAKE WORTH RD. LAKE WORTH FL 33463 CHANGE TO IMPORTANT!

2. Principal Place of Business 21 SAME	2a. Mailing Address 26
Suite, Apt. #, etc 22	27 Mr. & Mrs. Al Cristini 8758 S.E. Riverfront Terrace Tequesta, FL 33469
City & State 23	28
Zip / Country 24 / 25	29 / 30

3. Date Incorporated or Qualified 08/08/1995	3a. Date of Last Report NEW
4. FEI Number 593329727	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	

9. Name and Address of Current Registered Agent

CRISTINI, AL
5332 LAKE WORTH RD.
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name SAME OR
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 _____ (Signature, Type or Print Name of Registered Agent and Date if Applicable) (Signature, Type or Print Name of Registered Agent) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PS	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CRISTINI, ALFRED		12 NAME		
STREET ADDRESS	5332 LAKE WORTH RD.		13 STREET ADDRESS	SAME OR	
CITY-ST-ZIP	LAKE WORTH FL 33463		14 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	21 TITLE	V.P. & TREASURER	☐ Change ☐ Addition
NAME	CRISTINI, JACQUELINE		22 NAME		
STREET ADDRESS	5332 LAKE WORTH RD.		23 STREET ADDRESS	SAME & add. of Treasurer	
CITY-ST-ZIP	LAKE WORTH FL 33463		24 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	CRISTINI, ALFRED JR		32 NAME	SAME	
STREET ADDRESS	5332 LAKE WORTH RD.		33 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33463		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addr

SIGNATURE: Al or Alfred Cristini 7/14/96 407 746 4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #