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FILED  
May 08 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 # P95000064555 (2)

1. Corporation Name  
C.I. RESORTS, INC.

Principal Place of Business

4340 WEST HILLSBOROUGH AVENUE  
SUITE 208  
TAMPA FL 33614  
US

Mailing Address

4340 WEST HILLSBOROUGH AVENUE  
SUITE 208  
TAMPA FL 33614  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

4. FEI Number

65-0801852

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MARKO, TRACEY J  
8782 NW 20TH MANOR  
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent

81 Name

82 Mathew S. Marko  
Street Address (P.O. Box Number is Not Acceptable)

83 8782 NW 20th Manor

84 City

Coral Springs

FL

85 Zip Code

33071

11. Pursuant to the provisions of Sections 607.0602 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

Mathew S. Marko

Mathew S. Marko

5/1/98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MARKO, MATHEW S  
STREET ADDRESS 8782 NW 20TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL

TITLE D ☒ DELETE

NAME MARKO, BARBARA  
STREET ADDRESS 8782 NW 20TH MANOR  
CITY-ST-ZIP CORAL SPRINGS FL 33071

TITLE OS ☐ DELETE

NAME MARRIER, CARMEN  
STREET ADDRESS 5 GLENGROVE AVE RT#2  
CITY-ST-ZIP ORILLA, ONT L8T1X1 CANADA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Mathew S. Marko President

5/1/98 (62) 625-5459

CR2E034 (10/97)