SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISS	DISSOLVED ON OR AFTER OLVED, MINIMUM AMOUNT D	R AUGUS UE TO REI	T 7, 1996. NSTATE: \$375.)			
COR ANNU	PROFIT PORATION JAL REPORT 1996		B Mortha ary of Stat	mi e			
DOCUN 1. Corporation	MENT # P9500	0072479 (5)				
GRAND	RESORT HOLDINGS, INC	,			1 10001000 110 4010) OHIN OURS BORN O	ian acen aceta diane	818H 188H 18H 18H
Principal Place	of Business	Mailing Address					
114 HARRISON STREET COCOA FL 32922		114 HARRISON STREET COCOA FL 32922					
					3. Date Incorporated or Qualified 09/19/1995	3a. Date of L	ast Report
2. Principal Pla 21	ace of Business	2a. Mailing Address 26			4. FEI Number 59-3348452	-	Applied For
Suite, Apt. #	, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	F- \$8.	Not Applicable .75 Additional
22] City & State		City & State					ee Required
23		28			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country Zip 24 25 29			Country		8. This corporation has liability for a Florida Statutes	ntangible tax un: Yes	der s. 199 032.
	9. Name and Address of Current		1001	-:1	10. Name and Address of New Reg		
	PE, NICHOLAS A			81 Name			
215 NORTH EOLA DRIVE ORLANDO FL 32801				82 Street Add	fress (P.O. Box Number is Not Acceptable	e)	
011	D 1100 / E 0E00 /			83			
				84 City		FL 85	Zip Cade
11. Pursuant to	the provisions of Sections 607.0502	and 607.1508, Florida Statuti	es, the ab	ove-named corp	poration submits this statement for the pu		ng its registered
	gistered agent, or both, in the State of I familiar with, and accept the obliga				poration submits this statement for the purion's board of directors. I hereby accept	the appointment	ås registered
SIGNATURE	Signature, typed or printed name of registered agen	c and title if applicable (NO)	If Registered	1 Agent signature requ	rest where revisiation)	DATE	
12.		FICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE NAME	d Granatstein, m d	DELETE	1 1 Ti) 1 2 NA			Chi	CTORS IN 12 GROWN Addition (3/6)
STREET ADDRESS	114 HARRISON STREET			REET ADDRESS			25
CITY-ST-ZIP	COCOA FL 32922			IY-ST-ZIP			122
TITLE NAME	d Sparks, Brian W	DELETE	2 1		Change Addition		
STREET ADDRESS	114 HARRISON STREET		2.2 NA 2.3 ST	ME REET AOORESS			
CITY-ST-ZIP	COCOA FL 32922			TY - ST - ZIP			ŀ
TITLE	D	DELETE	3 1 TJ1			Change Addition	
NAME STREET ADDRESS	SHEPARD, WALTER C JR 114 HARRISON STREET		3 2 NA	ME AFET ADDRESS			
CITY-ST-ZIP	COCOA FL 32922			TY-ST-ZIP			
TITLE NAME		DELETE	4 1 TiT	1		Cha	ange Addition
STREET ADDRESS			4 2 N/ 4 3 ST	AME REET ADDRESS			
CITY - \$T - ZIP				Y-S1-ZIP			
TITLE		DELETE	5 1 710			Cha	inge Addition
STREET ADDRESS			5 2 NA	ME REET ADDRESS			
CITY-ST-ZIP				Y - S1 - ZIP			
TITLE		DELETE	6 1 TIT	1		Cha	inge Addition
NAME STREET ADDRESS			6 2 NA 6 3 ST	ME REET ADDRESS			
CITY-ST-ZIP			6.4 Ci 1	Y ST ZIP			
I do hereby further cert	certify that the information supplied ify that the information indicated on t	with this filing is voluntarily fur his annual report or suppleme	rnished ar ental annu	nd does not qual at report is true a	lify for the exemption stated in Section 11 and accurate and that my signature shall	9 07(3)(k), Florid have the same t	ta Statutes egal effect as if
made unde that my nar	r oath that Lani an officer or director ne appears in Block 12 or Block 13 it	of the co-poration or the rece charged, or on an attachmen	eiver or tru nt with an a	slee empowere address	and accurate and that my signature shall d to execute this report as required by Of	napter 617, Florii	da Statutes, and
SIGNATU		THURS					636-7714
JUINI	Signaturi and Typed Brian W. Spai	PRINTED NAME OF SIGNING OFFICER	OR DIRECTO	я	<u>8-</u> 1-96	Daytime Pho	030-7714