

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

FILED  
May 29 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 # P95000081216 (0)

1. Corporation Name

RESORT DESIGNS OF NORTHWEST FLORIDA, INC.

Principal Place of Business

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

Mailing Address

C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1995

4. FEI Number

59-3363678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 RESORT DESIGNS  
Suite, Apt. #, etc.

22 38 MIRACLE STRIP  
City & State

23 SUITE # 1H

24 F.W.B.

Country

25 FL 32547

26 38 MIRACLE STRIP

27 SUITE # 1H

28 F.W.B.

Country

30 32547

9. Name and Address of Current Registered Agent

FOSTER, WILLIAM S  
C/O WILLIAM SCOTT FOSTER  
909 MAR WALT DRIVE, SUITE 1014  
FT WALTON BEACH FL 32547

10. Name and Address of New Registered Agent

81 Name

MR. F. SAFAR

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

38 MIRACLE STRIP PKWY

83

SUITE # 1H

84

City

FORT WALTON BEACH, FL

85 Zip Code

32547

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

*F. Safar*  
Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE  
MAY 17, 1998

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D SAFAR, FAHIM A  
STREET ADDRESS 4729 HWY 98 E, #11  
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME D SAFAR, MARGUERITE B  
STREET ADDRESS 4729 HWY 98 E, #11  
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE

NAME D SAFAR, FADI F  
STREET ADDRESS 4729 HWY 98 E, #11  
CITY-ST-ZIP DESTIN FL 32541

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

*F. Safar*

(F. SAFAR)

MAY 21, 1998

CR2E034 (10/97)