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 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1996 DIVISION OF CORPORATIONS P95000097743 (5) DOCUMENT # GRAND RESORTS MANAGEMENT, INC. Principal Place of Business Mailing Address 114 HARISON STREET 114 HARISON STREET **COCOA FL 32922** COCOA FL 32922 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3368239 Not Applicable Suite, Apt. #, etc. Suite, Apt. # etc. \$8.75 Additional 5, Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name POPE, NICHOLAS A 215 NORTH EOLA DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 В3 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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. Thereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and trie if applicable (NOTE_Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)TITLE DELETE 1.1 THEF Change Addition NAME GRANATSTEIN, M D 1.2 NAME CR2E034 114 HARRISON STREET STREET ADDRESS 1.3 STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE DELETE 21 TITLE Change Addition SPARKS, BRIAN W NAME 2.2 NAME 114 HARRISON STREET STREET ADDRESS 2.3 STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP 2 4 CITY - ST-ZIP TITLE DELETE 3.1 TiTLE Change Add tron SHEPARD, WALTER C JR. NAME 3.2 NAME STREET ADORESS 114 HARRISON STREET 3.3 STREET ADDRESS COCOA FL 32922 CITY-ST-ZIP 3.4 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-7IP 4 4 CHTY - ST - ZIP TITLE DELETE 51 TIME Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP THILE DELETE 61 THILE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - ZIP 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 1 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 13 if changed, or on an attachment with an address.

407-636-7714

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR