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Apr 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000021699 (9)

1. Corporation Name

TIMESHARE RESALES INTERNATIONAL, INC.



Principal Place of Business 2957 VINELAND ROAD KISSIMMEE FL 34746	Mailing Address 2957 VINELAND ROAD KISSIMMEE FL 34746-5504
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1996	3a. Date of Last Report
21		26		4. FEI Number 59-3382801	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State		City & State		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	
23		28		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24		29			

9. Name and Address of Current Registered Agent LABRET, STEVEN M ESQ. 501 N. MAGNOLIA AVENUE SUITE A ORLANDO FL 32801		10. Name and Address of New Registered Agent	
		81	Name
		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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	D/P
NAME	KAYE, BRUCE	1.2 NAME	KLIMEK, MICHAEL J.
STREET ADDRESS	10800 BISCAYNE BLVD., SUITE 705	1.3 STREET ADDRESS	2957 VINELAND RD.
CITY-ST-ZIP	NORTH MIAMI FL 33181	1.4 CITY-ST-ZIP	KISSIMMEE, FL 34746
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Michael J. Klimek DATE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)