

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

FILED

May 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000029983 (9)**

1. Corporation Name  
**MIDA RESORTS, INC.**

Principal Place of Business  
**251 S. ATLANTIC AVE.  
ORMOND BEACH FL 32714**

Mailing Address  
**251 S. ATLANTIC AVE.  
ORMOND BEACH FL 32714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/05/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3372102</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VALBH, ANIL 3956 WEST COLONIAL DR. ORLANDO FL 32808</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>4401 Vineland Road, Suite A-11</b>	
		83	
		84 City	
		85 Zip Code <b>FL 32811</b>	

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOBALIA, DIPAK D</b>	1.2 NAME	
STREET ADDRESS	<b>251 S. ATLANTIC AVE.</b>	1.3 STREET ADDRESS	<b>281 S. Atlantic Ave</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32714</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BHoola, MOHAN J</b>	2.2 NAME	
STREET ADDRESS	<b>251 S. ATLANTIC AVE.</b>	2.3 STREET ADDRESS	<b>281 S. Atlantic Ave</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32714</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARAN, ISHWAR</b>	3.2 NAME	
STREET ADDRESS	<b>251 S. ATLANTIC AVE.</b>	3.3 STREET ADDRESS	<b>281 S. Atlantic Ave</b>
CITY-ST-ZIP	<b>ORMOND BEACH FL 32714</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALBH, ANIL</b>	4.2 NAME	
STREET ADDRESS	<b>3956 W. COLONIAL DR.</b>	4.3 STREET ADDRESS	<b>4401 Vineland Road, Suite A-11</b>
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	4.4 CITY-ST-ZIP	<b>Orlando, FL 32811</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>HAROLD F. KEENE</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>826 N. John Street</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 its 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: *Harold F. Keene* **HAROLD F. KEENE** 4/22/98 (407) 293-6089

CR2E034 (10/97)