

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

FILED  
May 15 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 # P96000046169 (4)

1. Corporation Name

MIDA RESORTS II, INC.

Principal Place of Business

Mailing Address

251 S ATLANTIC AVE  
ORMOND BEACH FL 32174

251 S ATLANTIC AVE  
ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

59-3388927

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VALBH, ANIL  
3956 W COLONIAL DRIVE  
ORLANDO FL 32808

81 Name

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

5353 Conroy Road

83

84 City Orlando

FL

85 Zip Code 32811

11. Pursuant to the provisions of Sections 607.0501 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 607.05, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JOBALIA, DIPAK D  
251 S ATLANTIC AVE  
ORMOND BEACH FL 32174

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
281 S. Atlantic Ave

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
VALBH, ANIL  
3956 W COLONIAL DR  
ORLANDO FL 32808

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
5353 Conroy Road  
Orlando, FL 32811

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BHOOLA, MOHAN J  
251 S ATLANTIC AVE  
ORMOND BCH FL

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
281 S. Atlantic Ave

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
NARAN, ISHWAR R  
251 S ATLANTIC AVE  
ORMOND BCH FL

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
281 S. Atlantic Ave

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

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

CR2E034 (10/97)