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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000090365 (3)

TIMESHARE RESALES OF DAYTONA BEACH INC.

Principal Place of Business Mailing Address						I SEGNIEDE MA SENES BICH GEBIN EREN SERIN SEINE IEDIN ERVOR FANGE BICE GERT ARRE
115 OAKLEY CO DEBARY FL 32		115 OAKLEY COURT DEBARY FL 32713-41				
						3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1996
2. Principal Place of Business 21		2a. Mailing Address	2a. Mailing Address			4. F579-340 855 7 Applied F
Suite, Apt #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Addition Fee Required
City & State	9	City & State	J .1818111-10			6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees
Zip 24	Country 25	Z(p)	30	Country		This corporation has liability for intangible tax under s. 199.0. Florida Statutes
······	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent
Lugen, Thomas e 115 Oakley Court				61	Name	
				82	Chant Ad	Jane (D.O. Day Market (Market Market
	ARY FL 32713			02	82 Street Address (P.O. Box Number is Not Acceptable) 83	
DLU	THE TE VENTO			83		
				84	City	FL 85 Zip Code
office or r agent. La	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the c	.0502 and 607.1508, Florida State of Florida Such change obligations of, Section 607.050	Statutes, th was author 05, Florida	e above rized by Statutes	e-named co the corpora	orporation submits this statement for the purpose of changing its registration's board of directors. I hereby accept the appointment as registed
SIGNATURE.	Signature, typed or printed name of registers	ed agent and title if applicable	(NOTE: Regis	stered Age	nt signature requ	quired when reinstating) DATE
12.			T .	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELET	TÉ 1	1.1 TITLE		Change A
NAME	LUGEN, THOMAS E		1	1.2 NAME		
STREET ADDRESS			1.3 5		ADDRESS	
CITY - ST - ZIF			1.4 CITY - S	TY-ST-ZIP		
TITLE	DELETE 2		2.1 TITLE		Change A	
NAME			2	2.2 NAME		
STREET ADDRESS				2.3 STREET	ADDRESS	(1) P

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 tradic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I am an officer or director of the corporation or the receiver or appears in Block 12 or Block 13 if changed, or on an attack

2 4 CITY-ST-ZIF

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST-ZIP

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

DELETE

DELETE

DELETE

SIGNATURE:

CITY-S1-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

COLY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

TITLE

NAME

NAME STREET ADDRESS

Change

Change

Change

Change

■ Addition

Addition

Addition

Addition

FILED

Feb 06 1997 8:00am

Secretary of State