

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

FILED

Apr 28 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 # P96000094283 (4)

1. Corporation Name
WINDSOR RESORTS INC.



Principal Place of Business 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY F: 34236	Mailing Address 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY F: 34236 <i>Please change.</i>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/14/1996	3a. Date of Last Report
4. FEI Number 65-0734276	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLES, DERICK 4134 GULF OF MEXICO DRIVE SUITE 302 LONGBOAT KEY FL 34228	10. Name and Address of New Registered Agent 81 Name FLORIDA CORPORATE SUPPORT, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 200 East Robinson Street, Suite 500 83 84 City Orlando
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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 **FLORIDA CORPORATE SUPPORT, INC.** **4/22/97**
 By: **G. Steven Brown, Asst. Secretary** (Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D COLES, DERICK
STREET ADDRESS	4134 GULF OF MEDIXO DR. #302
CITY-ST-ZIP	LONGBOA KEY FL 34228
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	4134 Gulf of Mexico Dr., #302
1.4 CITY-ST-ZIP	LONGBOAT KEY, FL 34228
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D/VP WATKINS, DAVID
2.3 STREET ADDRESS	200 E. Robinson St., Suite 500
2.4 CITY-ST-ZIP	Orlando, FL 32801
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/VP ROYAL, ERNIE
3.3 STREET ADDRESS	200 E. Robinson St., Suite 500
3.4 CITY-ST-ZIP	Orlando, FL 32801
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D WATKINS, WYNFORD DAVIES
4.3 STREET ADDRESS	200 E. Robinson St., Suite 500
4.4 CITY-ST-ZIP	Orlando, FL 32801
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **David Watkins** **4/12/97** **(941) 387-7129**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)