FILE NOW: FILING FEE AFTER MAY 151 \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENTI OF STATE

Sandra &. Mortsem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027342 (9)

FAMILIES FIRST RESORTS, INC.

FILED Jun 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			T 1005/2004 FIG 162/11 40311 AD111 OB111 OB111 OB111 OB119 10013 11011 10003 11111 Q1015 1161 10051			
		· ·				
		POST OFFICE BOX 1916 WINDERMERE FL 34786-1916				
141145711417115	LIE GROVIETO	HUIDEIMENE IC STOUTION		DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified 03/21/1997		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 537		26 PO BOX 19	16	59-3461331	Not Applicable	
Suite, Apt		Suite, Apt #, etc.		Configuration of Otation Designation	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required	
City & Stal	ite	Cily & State	a / 1	6. Election Campaign Financing	\$5.00 May Be	
23 U/ C4	naw Pb	28 Windermer	/ AVEAG	Trust Fund Contribution	Added to Fees	
Zip	Country	1 2 34786 -	Country Countr	8. This corporation owes or has pa	~	
24 5 L	819 25 Urange	29 130	7 11 A L. L.	Personal Property Tax due June		
	9, Name and Address of Current	Hegistered Agent	81 Name	10. Name and Address of New Re	distered Agent	
CORPORATION SERVICE COMPART				Name		
	01 HAYS STREET		82 Street Add	dress (P.O. Box Number is Not Acceptab	le)	
IAI	LLAHASSEE FL*32301-2525		00			
			83			
			84 City		85 Zip Code	
		, ,		rporation sub mits this statement for the p ation's board of directors. I hereby accep	FL	
SIGNATURE	Signature typed or protect name of registers to re-		g sered Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECTORS IN 12	
TITLE	D OFFICERS AND	DELETE	1) TILLE	ADDITIONS/CHANGES TO OFFICE	Change Middition	
NAME	WILLIAMS, LISA J	[] DELETE	1.2 NAME	Leven L. Wilham	Change	
STREET ADDRESS	5372 BROOKLINE DRIVE		T.3 STREET ADDRESS	O ROX 1916		
CITY-ST-ZIP	ORLANDO FL 32819	Y .	1.4 CITY-ST-ZIP	Vindermere -Pr 34.	26-1916	
TITLE		DELFTE	2.1 TITLE	Predo -	Change Addition	
NAME		_	22 NAME	Texas / lacillaine	<u> </u>	
STREET ADDRESS	}	1	2.3 STHEET ADDRESS	1 ROV 1916		
CITY-ST-ZIP	1		2 4 CITY-S1-ZIP	of ndoares he	37786-1916	
TITLE		DELETE	3 1 TITLE	Operation	Change L adition	
NAME			3.2 NAME	fewent Williams 372 Brookline Dr Volando, R 3281		
STREET ADDRESS			33 STREET ADDRESS 5	371 Brookline Dr		
City-ST-ZIP			3.4. C/TY - ST - Z/P	Mando, R 3281	ĵ	
TITLE		DELFTE	41 Tille		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS	1		4.3 STREET ADDRESS			
CITY-ST-ZIP		į	4.4 CHTY-ST-ZIP			
TITLE		DELFTE	5.1 TITLE		Change Addition	
NAME						
STREET ADDRESS			5 2 NAME			
C(TY-ST-ZIP			5.3 STREET ADDRESS			
0111-31-211			1			
TITLE		☐ DELETE	5.3 STREET ADDRESS	77 FT 171 \$ T 107 C 22 M 2 100	ر ، Change Addition	
		☐ D€LETE	5.3 STREET ADORESS 5.4 CITY- ST-ZIP	70000256 -06237390107	しょり Change	
TITLE		DFLETE	5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6 1 TITLE	7000025 6 -06/23/330107 ***150-00	ことはよりChange 「Addition 9 043)と か	
TITLE NAME		DELETE	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	7000025 6 -06/23/330107 ***150.03	される Addition 9 - 043)と、2	

14. Thereby 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal offect 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.