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

PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000080350 (6)

ELITE RESORTS AT ECONFINA RIVER, INC.

FILED Apr 01 1998 8:00am Secretary of State



					!
Principal Place of Business Mailing Address					
25250 EAST HIGHWAY 316 25250 EAST HIGHWAY 318			i		
SALT SPRINGS FL 32134 SALT SPRINGS FL 32134				DO NOT WRITE IN THIS SPACE	
}				3. Date Incorporated or Qualified	
				09/17/1997	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26 P.O. Box 5489		59-3470252	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	•		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 Salt Sorings	i. Fi	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	rent vear Intangible
24	25	29 32134 3	30		Yes No
	g. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
WE	ST, BRADFORD D ESQ.		81 Name	wid I Markay	
215 NORTH FOLA DRIVE				tress (P.O. Box Number is Not Acceptable)	·
	LANDO FL 32801		82 Street Add	I SW College Rd. Su	itel
83					
			84 City	ALA FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above-named cor	poration submits this statement for the purpose of	changing its registered
l office or r	egistered arent, or both, in the State of m familiar with, and accoul the obligat	of Elorida. Such change was au	thorized by the corpora	ition's board of directors. I hereby accept the appe	pintment as registered
	irn familiar Muli, and accept the dayga	lions of siction 607/3003, Fion	ida Statules.	2/2	1/00
SIGNATURE	Signature, tyriod or printed name of registered agen	I and title it anglicable (NOTE:	Registered Agent signature requ	ired when reinstaling) D.TF	0/10
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAYER, EDUARD		1.2 NAME		
STREET ADDRESS	25250 EAST HIGHWAY 316		1.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL 32134		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	MACKAY, GEROGE L		2.2 NAME		
STREET ADDRESS	25250 EAST HIGHWAY 316		2.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL 32134		2. 4 CITY-ST-ZIP		
TITLE	D	DELETE	3.1 TITLE		Change Addition
NAME	PATTON, JAMES H	 - · · ·	3.2 NAME		
STREET ADDRESS	25250 EAST HIGHWAY 316		3.3 STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL 32134		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CHTY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	***************************************	Change Addition
		precie			Judage Audalbit
NAME			5.2 NAME		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Laddition
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

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 informatio 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 recover 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 one affaichment with an address.

2/24/88

Word 144.24.5