

5-20-98 7727-MC
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000083141 (6)**

1. Corporation Name

ALL TIMESHARE RESALES SERVICES, INC.

Principal Place of Business

**36 S. ATLANTIC AVE.
ORMOND BEACH FL 32176**

Mailing Address

**36 S. ATLANTIC AVE.
ORMOND BEACH FL 32176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1997

4. FEI Number

☒ 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

21 722 S. Atlantic Ave.

Suite, Apt. #, etc.

22

City & State

Ormond Beach FL

Zip

32176

Country

USA

2a. Mailing Address

26 722 S. Atlantic Ave.

Suite, Apt. #, etc.

27

City & State

Ormond Beach FL

Zip

32176

Country

USA

9. Name and Address of Current Registered Agent

**ROST, SCOTT
444 SEABREEZE BLVD., SUITE 800
DAYTONA BEACH FL 32118**

10. Name and Address of New Registered Agent

81 Name

Scott R. Rost

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

228 Park Ave. N.

83

suite B

84 City

Winter Park

FL

85 Zip Code

32789

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

Signature, typed or printed name of registered agent and title if applicable

Scott R. Rost

(NOTE: Registered Agent's signature required when reinstating)

DATE

Apr. 24, 1998

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE

NAME **MCNEELY, REBECCA**
STREET ADDRESS **1901 GOLDENROD WAY**
CITY-ST-ZIP **DAYTONA BEACH FL 32176**

TITLE **VTD** ☐ DELETE

NAME **MCNEELY, EDWARD E**
STREET ADDRESS **11113 HAMBLEY AVE.**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Scott R. Rost

4.29.98

CR2E034 (10/97)