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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

252-9681

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000094345 (0)

WORLD CLASS RESORT MANAGEMENT, INC.

Principal Place of Business Mailing Address 1025 8 ATLANTIC AVE 1025 S ATLANTIC AVE DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Suite, Apt. #, etc. Suita, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LOGUIDICE, JOSEPH A R1 Name 2441 BELLEVUE AVE Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 City Zip Code 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 prested name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE 1.1 TITLE Addition TITLE ___ Change FISKE, MARIE NAME 1.2 NAME CR2E034 1025 S ATLANTIC AVE STREET ADDRESS 1.3 STREET ADORESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 2.1 TITLE TITLE LABOSCO, CHERYL NAME 2.2 NAME 1025 S ATLANTIC AVE 2.3 STREET ADDRESS STREET ADDRESS **DAYTONA BEACH FL 32118** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ■ Addition 3 1 TITLE HEY, WR NAME 3.2 NAME 1025 S ATLANTIC AVE STREET ADDRESS 3.3 STREET ADDRESS DAYTONA BEACH FL 32118 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE T Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE __ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

14. I hereby certify that the information supplied with this filing dots 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 true per expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address