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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000099885 (0)

TIMESHARE RESALES VACATIONS UNLIMITED, INC.

Principal Place of Business

Mailing Address

1430 GENE STREET

1430 GENE STREET

FILED May 01 1998 8:00am Secretary of State



WINTER PARK FL 32789	WINTER PARK FL 32789		DO NOT WRITE I	IN THIS SPACE			
				3. Date incorporated or Qualified		•	
				11/21/1997			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For	
21 4/09 ORANGE BLOSSOM TRAIL				59-3479438		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	uite, Apt. #, etc.		5. Certificate of Status Desired		75 Additional e Required	
City & State	City & State	ity & State		6. Election Campaign Financing			
23 ORLANDO, FLORIDA	28			Trust Fund Contribution		00 May Be ded to Fees	
Zip Country	Ζιρ	Count	У	8. This corporation owes or has paid	the current yea	r Intangible	
24 32839 25 USA	29	30		Personal Property Tax due June 3		□ No	
9, Name and Address of Current I	Registered Agent	8	I Name	10. Name and Address of New Reg	Istered Agent		
SCHROTH, ROBERT T	* 4004 050	Ľ	I Name				
931 NORTH STATE ROAD 434, SUITE 1201-250 ALTAMONTE SPRINGS FL 32714		8:	82 Street Address (P.O. Box Number is Not Acceptable)				
ALIAMONIE SPRINGS PL 32/14		8	3				
		L					
		8	City		FL 85	Zip Code	
11. Pursuant to the provisions (* actions 607.0502) office or reliasing the State of	and 607 1508, Florida Statu	es, the abo	/e-named	corporation submits this statement for the pu	rpose of changir	ng its registered	
agent. Lartie to the obligation	ons of Section 607.0505, Fi	orida Statut	sy the cor es.	poration's board of directors. Thereby accept	ing appointmen	t as registered	
SIGNATURE							
12. OFFICERS AND I		13.	gent signature	ADDITIONS/CHANGES TO OFFICE	DE AND DIRECT	TODS IN 12	
TITLE	DELETE	1.1 TITLE	······································	P	Char		
NAME		1.2 NAME		Robert T Schroth]	
STREET ADDRESS		1.3 STRE	T ADDRESS	1430 GENE STREET			
CITY-ST-ZIP		1.4 City-	ST-7IP	WINTER PARK, FL 3278	9		
TITLE S.	🔀 DELET ë	21 TRTLE		5	Char	ge 🔀 Addition	
NAME JAMES F. KOZOWSKI STREET ADDRESS 479 LAKE RA		2 2 NAME		NATALIA L Schroth			
STREET ADDRESS 479 LAKE 124			T ADDRESS	479 LAKE ROAD	111		
CITY-ST-ZIP LAKE MARY, FL 327	₹6 DELETE	2. 4 CITY 3.1 TITLE	-ST-ZIP	LAKE MARY, FL 327	Y € ☐ Chan	ge 🔲 Addition	
NAME	[] beer t	3.1 MLE 3.2 NAME			Chan	de 🗂 voguon	
STREET ADDRESS			T ADDRESS				
City-St-ZiP		3.4. CITY					
TITLE	☐ DELET e	4.1 TITLE			Chan	ge Addition	
NAME		4. 2 NAM					
STREET ADDRESS		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	- Distance	4.4 CITY-	ST-ZIP		··· —		
TITLE	L) DELETE	5 1 TITLE			L. Chan	ge L Addition	
NAME OTTOTT ADDRESS I		5.2 NAME					
STREET ADDRESS			T ADDRESS				
CITY-ST-ZIP TITLE	DELETE	5.4 CITY- 6.1 TITLE	21-715		☐ Chan	ge Addition	
NAME		6.2 NAME				- 5/44/10//	
STREET ADDRESS			T ADDRESS				
				1			

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 direction 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 claims of private and that my name address.