

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

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90165 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000015118

1. Corporation Name
RESORT MARKETING ENT., INC.



Principal Place of Business
 10301 U.S. HWY 27
 CLERMONT FL 34711

Mailing Address
 10301 U.S. HWY 27
 CLERMONT FL 34711

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/16/1998	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3518536	
24	Country	29	Country	Applied For	
25		30		No Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
CONNERS, PATRICK LAKE BUENA VISTA DRIVE LAKE BUENA VISTA FL 32830				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
				6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes the current year Intangible Personal Property Tax.	
10. Name and Address of New Registered Agent				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

81 Name		85 Zip Code	
CONNERS, PATRICK		FL 34711	
82 Street Address (P.O. Box Number is Not Acceptable)		84 City	
10301 U.S. Hwy 27		CLERMONT	
83			

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: Patrick Connors DATE: 4/16/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, PATRICK	1.2 NAME	Connors, Patrick
STREET ADDRESS	11324 MANDARIN DRIVE	1.3 STREET ADDRESS	11324 Mandarin Drive
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	CLERMONT, FL. 34711
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D/P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNERS, VICTORIA G	2.2 NAME	Connors Victoria G
STREET ADDRESS	11324 MANDARIN DRIVE	2.3 STREET ADDRESS	11324 Mandarin Drive
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	CLERMONT, FL. 34711
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowerments.

SIGNATURE: Victoria G. Connors DATE: 4/12/99 DAYTIME PHONE #: 352-241-8777

CR2E034 (1/198)