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Tulia L. Loundes Reques	Frag Orosdick Osab stor's Name	r Kantor & Rud	PA.
PO Box 2809 Address		9000029984856 -09/28/9901006001	
Orlando Fl 32803 City/State/Zip Phone #		Ü****	18.75 ****2/1.25
City/State/Zip	Pnone #	Office Use Only	
CORPORATION NA	ME(S) & DOCUMENT NUM	IBER(S), (if known):	
	<b>、</b> ,		
1	ion Name) (D	ocument #)	
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2. (Corporat	ion Name) (D	ocument#)	
3(Corporat		ocument #)	99 SEC
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4(Corporat	tion Name) (D	ocument #)	1LED
	Pick up time Will wait	Certified Copy Certificate of Status	D PM 2: 20 FLORIDA
-NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Dir	ector	
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Nanieother Avarlability	Метдет		- *
DOC OTHER FILINGS Examiner DCC Annual Report	REGISTRATION/ QUALIFICATION-		
Updater DCC Fictitious Name	Foreign		
Undater Reservation	Limited Partnership		
Verifyer DCC	Reinstatement		
Acknowledgement DCC	Trademark		
W. P. Verifyer DUC	Other		

Examiner's Initials

## Florida Department of State, Katherine Harris, Secretary of State MARK RENEWAL APPLICATION

July 30, 1999
GRAND CYPRESS FLORIDA, INC., A HAWAII CORP 60 GRAND CYPRESS BLVD. ORLANDO, FL 32836
Mark Registered: THE VILLAS OF GRAND CYPRESS Registration Number: T12374
Date Filed: 01/26/1990 Renewal Date: 01/26/2000 Ciass(es): 2-0035 2-0041 2-0042
Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida  The mark is still in use within the Sate of Florida
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7.0
ATE 20
If applicant is a corporation, enter state of incorporation: State of Hawaii
I, Mitsuzo EbisawA , being sworn, depose and say that I am the
Vice President/Regional Manager of the applicant herein, and make this affidavit and
verification in <u>Grand Cypress Florida</u> , <u>Inc.'s</u> behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.
Grand Cypress Florida, Inc.
Name of business in which mark is filed, if any
Signed VP/Regional Manager Applicant, or authorized officer (give title)
Subscribed and sworn to before me this 13th day of August, 1999.
Signature of Notary Public
(Notary Seal) My commission expires:    Signature of Notary Public   TRACY L CHILDS   My Commission CC537196   Expires Mar. 04, 2000
One verse side for instructions

See reverse side for instructions.