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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
APPR AND
AT FILED
1995 MAY -1 PM 4:31
1995 MAY - SECRETARY OF STATE
TALLAHASSEE, FLORIDA
SECRETAR
TALLAHASS

DOCUMENT # V10346 (7)

1. Corporation Name

AMERICAN RESORT DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
6355 MetroWest Blvd Suite 180 Orlando FL 32835 US	6355 MetroWest Blvd Suite 180 Orlando FL 32835 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/92	3a. Date of Last Report: 02/21/94
4. FEI Number: 59-3113109	Applied For / Not Applicable
5. Certificate of Status Desired: [X]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ]	$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

McMullen, Malcolm
6355 MetroWest Blvd
Suite 180
Orlando FL 32835

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P	11 TITLE	[ ] Change [ ] Addition
NAME	McMullen, Edwin H. Sr.	12 NAME	
STREET ADDRESS	6355 MetroWest Blvd, Suite 180	13 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32835	14 CITY-ST-ZIP	
TITLE	D/V/S	21 TITLE	[ ] Change [ ] Addition
NAME	McMullen, Malcolm	22 NAME	100001490771
STREET ADDRESS	6355 MetroWest Blvd, Suite 180	23 STREET ADDRESS	-05/17/95--01051--004
CITY-ST-ZIP	Orlando FL 32835	24 CITY-ST-ZIP	****233.75 ****233.75
TITLE		31 TITLE	[ ] Change [ ] Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5-1-95

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 attached sheet, with an address.

Tel: 407-521-3100

SIGNATURE: _____ Malcolm W. McMullen 5/5/95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #