

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 18 1997 8:00am
Secretary of State

DOCUMENT # **V10346** (7)
1. Corporation Name
AMERICAN RESORT DEVELOPMENT CORPORATION

Principal Place of Business

Mailing Address

~~6355 METROWEST BLVD.~~
~~STE. #180~~
~~ORLANDO FL 32835~~
~~US~~

6355 METROWEST BLVD.
STE. #180
ORLANDO FL 32835-6203
US



2. Principal Place of Business

2a. Mailing Address

21 **7208 Sand Lake Rd**

26 **7208 Sand Lake Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 302**

27 **Suite 302**

City & State

City & State

23 **Orlando FL**

28 **Orlando FL**

Zip

Country

Zip

Country

24 **32819**

25 **US**

29 **32819**

30 **US**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

01/29/1992

04/15/1996

4. FEI Number

Applied For

59-3113109

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

MC MULLEN, MALCOLM
~~6355 METRO WEST BLVD.~~
~~SUITE 180~~
~~ORLANDO FL 32835~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

7208 Sand Lake Road

83 **Suite 302**

84 City **Orlando**

FL

85 Zip Code **32819**

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☒ Change ☐ Addition

NAME **DP**
MCMULLEN, EDWIN H. SR.
STREET ADDRESS **6355 METRO WEST BLVD., SUITE 180**
CITY - ST - ZIP **ORLANDO FL 32835**

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

7208 Sand Lake Road Suite 302
Orlando FL 32819

TITLE ☐ DELETE

2.1 TITLE

☒ Change ☐ Addition

NAME **DVST**
MC MULLEN, MALCOLM
STREET ADDRESS **6355 METRO WEST BLVD., SUITE 180**
CITY - ST - ZIP **ORLANDO FL**

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

See above

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY - ST - ZIP

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY - ST - ZIP

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY - ST - ZIP

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY - ST - ZIP

6.4 CITY - ST - ZIP

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE:

Malcolm Mcullen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/97 **363 3838**
Date Daytime Phone #

CR2E034 (9/96)