

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

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Jul 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V31861 (0)
1. Corporation Name
RESORT PROPERTIES OF NORTH AMERICA, INC.

Principal Place of Business
10225 ULMERTON ROAD
SUITE 2
LARGO FL 34641

Mailing Address
10225 ULMERTON ROAD
SUITE 2
LARGO FL 33771-3519



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

3. Date Incorporated or Qualified 04/28/1992	3a. Date of Last Report 08/08/1996
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARSENAULT, KENNETH G., JR. 10225 ULMERTON RD. SUITE 2 LARGO FL 34641		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	85 Zip Code
		FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	HALL, KEVIN	1.2 NAME	Hyde, Rick
STREET ADDRESS	3750 19TH ST NE STE 210	1.3 STREET ADDRESS	200, 7730 Macleod Tr S
CITY-ST-ZIP	CALGARY, ALBERTA, CAN	1.4 CITY-ST-ZIP	Calgary, AB T2H 0L9
TITLE		2.1 TITLE	
NAME		2.2 NAME	Hall, Kevin
STREET ADDRESS		2.3 STREET ADDRESS	200, 7730 Macleod Tr S
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Calgary, AB T2H 0L9
TITLE		3.1 TITLE	
NAME		3.2 NAME	Kylla, Greg
STREET ADDRESS		3.3 STREET ADDRESS	200, 7730 Macleod Tr S
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Calgary, AB T2H 0L9
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or on an attachment with an address.

CR2E034 (9/96)