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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # V32114

(3)

	RESORTS, INC.	<i>i</i>			
Principal Place 7200 AVIATION MARATHON FL	BLVD	Mailing Address 7200 AVIATION BLVD MARATHON FL 33050-2800		1 10011 811000 11110 11801 11801 11911 0101	rien Giffer Apper eren gebei biber 19gr
				3. Date incorporated or Qualified 04/27/1992	3a. Date of Last Report 10/21/1996
	lace of Business Owich ton BLUCL	28. Mailing Address 26. 200 aw tu	tion Blud	4. FEI Number 65-0332507	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	ruthon FC	City & State 28 Mouchan	J , F (Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3305			Country 00 U.S.N		Yes No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
5701 SUIT	3HT, THOMAS D. I OVERSEAS HWY TE 17-5701 IATHON FL 33050		81 Name 82 Street Add 83	ress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
11. Pursuant office or nagent. La	to the provisions of Sections 607.050? egistered agent, or both, in the State of m tamiliar with, and accept the obligat	· _		oration submits this statement for the pi tion's board of directors. I heroby accep	urpose of changing its registered the appointment as registered
	Signature typin or printed name of registered agent		Registered Agent signature requi		DATE /
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PSTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TAYLOR, HARRY D.		1.2 NAME		
STREET ADDRESS	7539 GULFSTREAM BLVD.		1.3 STREET ADDRESS		
CiTY-ST-ZIP	MARATHON FL	DELETE	1.4 CITY - ST - ZIP		Chance I delition
TITLE	ALEVANDED DOVETON GEODE	•	2 1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, ROYSTON GEORG 7200 AVIATION BLVD.	IC	2.2 NAME		
STREET ADDRESS	MARATHON FL		2.3 STREET ADDRESS	·	
CITY-ST-ZIP TITLE	MANATION FE	DELETE	2. 4 CITY - ST - ZIP 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 ADORESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		DELETE	6.1 TALE		Change Addition
NAME		- T	62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-SI-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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.

6-16-97

FILED

Jun 20 1997 8:00am

Secretary of State