

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 26

DOCUMENT # **723691** (2)
1. Corporation Name
KON TIKI RESORT, INC.

Principal Place of Business Mailing Address
81200 OVERSEAS HWY. ISLAMORADA FL 33036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/31/1968	3a. Date of Last Report 03/07/1994
4. FEI Number 59-1451329	Applied For <input type="checkbox"/> 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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
GLANVILLE, PAUL R.
81200 OVERSEAS HWY.
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent
81 Name
Lois L. Snyder
82 Street Address (P.O. Box Number is Not Acceptable)
81200 Overseas Hwy.
83
84 City
Islamorada **FL** 85 Zip Code
33036

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 **Lois L. Snyder, Mgr.** x *Lois L. Snyder* 1/24/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required for all registrations) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BANNEROT, PALMER RD #2, BOX 448 VALENCIA, PA 00000
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HARTLEY, JAMES W 3452 PIERCE ST. HOLLYWOOD FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIS, JOHN W. 2234 SHADOW WOOD LANE SARASOTA FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	D Hartley, James W. 3452 PIERCE STREET HOLLYWOOD, FL 33021 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	D Unger, Julian 81200 Overseas Hwy. Islamorada, Fl 33036 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	D Bannerot, Palmer 140 DAVIS ROAD VALENCIA, PA 16059 <input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	

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)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Julian Unger** x *Julian Unger* 1/24/95 305-664-4702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE