FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:50

DOCUMENT # F94000005649 (8)

1. Corporation Name
RESORT MARKETING INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
14335 LAKE BRYAN ROAD ORLANDO FL 32821	14335 Lake Bryan Road Orlando, FL 32821

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/31/1994
3a. Date of Last Report:

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

4. FEI Number: 95-4484297 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

GIANNONI, GENEVIEVE
8651 TREASURE CAY LANE
~~LAKE BUENA VISTA FL 32830~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: Orlando FL 85 Zip Code: 32836

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	TDS	1.1 TITLE	☐ Change ☒ Addition VP
NAME	SMITH, THOMAS M	1.2 NAME	Frey, Charles C.
STREET ADDRESS	911 WILSHIRE BLVD SUITE 2150	1.3 STREET ADDRESS	14335 LAke Bryan Road
CITY-ST-ZIP	LOS ANGELES CA 90017	1.4 CITY-ST-ZIP	Orlando, FL 32821
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GESSOW, ANDREW J	2.2 NAME	
STREET ADDRESS	2934 WOODSIDE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA 90017	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	KANEKO, OSAMU	3.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD SUITE 2150	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNINGER, STEVEN C	4.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD SUITE 2150	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	4.4 CITY-ST-ZIP	
TITLE	~~V~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~FLANNES, MARTIN A~~	5.2 NAME	
STREET ADDRESS	~~911 WILSHIRE BLVD SUITE 2150~~	5.3 STREET ADDRESS	
CITY-ST-ZIP	~~LOS ANGELES CA 90017~~	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ALFREE, HERBERT L	6.2 NAME	
STREET ADDRESS	3140 IVANREST S.W. AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRANDVILLE MI 49418	6.4 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)(k), 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 above, or on an attachment with an address.

SIGNATURE: Charles C. Frey CHARLES C. FREY 3/14/95 (407) 218-2802
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0064427 CP