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 1:49

DOCUMENT # F92000000086 (0)

1. Corporation Name
ARGOSY GRAND BEACH, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2934 WOODSIDE ROAD WOODSIDE CA 94062	~~2934 WOODSIDE ROAD~~ ~~WOODSIDE CA 94062~~

3. Date Incorporated or Qualified: 11/03/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 P. O. Box 22069
City & State 23	City & State 28 Lake Buena Vista, FL
Zip / Country 24 / 25	Zip / Country 29 32830 / 30 USA

4. FEI Number: 94-3167317 ☐ 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	10. Name and Address of New Registered Agent
GIANNONI, GENEVIEVE CYPRESS POINTE RESORT 8651 TREASURE CAY LANE ~~LAKE BUENA VISTA~~ FL 32836	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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	PTCD	1.1 TITLE	☐ Change ☐ Addition
NAME	GESSOW, ANDREW J	1.2 NAME	
STREET ADDRESS	2934 WOODSIDE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA 94062	1.4 CITY-ST-ZIP	
TITLE	VASD	2.1 TITLE	☐ Change ☐ Addition
NAME	ALFREE, HERBERT T	2.2 NAME	
STREET ADDRESS	3140 IVANREST AVE SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRANDVILLE MI	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, PATRICIA A	3.2 NAME	
STREET ADDRESS	2934 WOODSIDE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	VP/AS ☐ Change ☒ Addition
NAME		4.2 NAME	Genevieve, Giannoni
STREET ADDRESS		4.3 STREET ADDRESS	8651 Treasure Cay LAne
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Orlando , FL 32836
TITLE		5.1 TITLE	VP/T ☐ Change ☒ Addition
NAME		5.2 NAME	Frey, Charles C.
STREET ADDRESS		5.3 STREET ADDRESS	8651 Treasure Cay Lane
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Orlando , FL 32836
TITLE		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 is voluntarily furnished and 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.

SIGNATURE: Charles C. Frey CHARLES C. FREY 3/14/95 (239) 23070
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0401041 FN