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 FEB 14 PM 2:42

DOCUMENT # F94000005562 (3)

1. Corporation Name
RESORT MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
% LEO ROSE III 127 PEACHTREE ST., N.E., 16TH FLOOR ATLANTA GA 30303-1845	% LEO ROSE III 127 PEACHTREE ST., N.E., 16TH FLOOR ATLANTA GA 30303-1845

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1994
3a. Date of Last Report:

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

4. FEI Number: 58-2064793 ☐ 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 LN.
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 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KANEKO, OSAMU	1.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD., #2150	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	GESSOW, ANDREW J	2.2 NAME	
STREET ADDRESS	2934 WOODSIDE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA 94062	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	KENNINGER, STEVEN C	3.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD., #2150	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☒ Change ☐ Addition
NAME	FLANNES, MARTIN A	4.2 NAME	No longer an officer or director - please remove
STREET ADDRESS	911 WILSHIRE BLVD., #2150	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, THOMAS M	5.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD., #2150	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA 90017	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	V ☐ Change ☒ Addition
NAME	ALFREE, HERBERT T	6.2 NAME	
STREET ADDRESS	3140 IVANREST AVE., S.W.	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)(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 added by an attachment with an address.

SIGNATURE: Andrew J. Gessow 2-9-95 (415) 851-5111
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0306000 FP