

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000005562 (3)

1. Corporation Name

RESORT MANAGEMENT INTERNATIONAL, INC.



Principal Place of Business

% LEO ROSE III  
127 PEACHTREE ST., N.E., 16TH FLOOR  
ATLANTA GA 30303-1845

Mailing Address

~~% LEO ROSE III~~  
~~127 PEACHTREE ST., N.E., 16TH FLOOR~~  
~~ATLANTA GA 30303-1845~~

3. Date Incorporated or Qualified  
10/26/1994

3a. Date of Last Report  
02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 26 12016 Turtle Cay Circle

4. FEI Number

58-2064793

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29 32836

30

US

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

~~865+ TREASURE GAY LN.~~

~~LAKE BUENA VISTA FL 32836~~

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

12016 Turtle Cay Circle

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 GENEVIEVE GIANNONI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME KANEKO, OSAMU  
STREET ADDRESS 911 WILSHIRE BLVD., #2150x 2250  
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE VD ☐ DELETE

NAME GESSOW, ANDREW J  
STREET ADDRESS 2934 WOODSIDE RD.  
CITY-ST-ZIP WOODSIDE CA 94062

TITLE VD ☐ DELETE

NAME KENNINGER, STEVEN C  
STREET ADDRESS 911 WILSHIRE BLVD., #2150 2250  
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE X ☐ DELETE

NAME ALFREE, HERBERT T.  
STREET ADDRESS 3140 IVANREST AVE., SW  
CITY-ST-ZIP GRANDVILLE MI

TITLE STD ☐ DELETE

NAME SMITH, THOMAS M  
STREET ADDRESS 911 WILSHIRE BLVD., #2150x 2250  
CITY-ST-ZIP LOS ANGELES CA 90017

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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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 if changed, or on an attachment with an address.

SIGNATURE: GENEVIEVE GIANNONI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 238-2232

CR2E034 (12/95)