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Feb 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005562 (3)

1. Corporation Name

RESORT MANAGEMENT INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

~~W. LEO ROSE #1~~
127 PEACHTREE ST., N.E., 16TH FLOOR
ATLANTA GA 30309-1845

12010 TURTLE CAY CIRCLE
ORLANDO FL 32835
#6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1781 Park Center Dr.		26 1781 Park Center Dr.		10/26/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		58-2064793	
City & State		City & State		Applied For	
23 Orlando, FL		28 Orlando, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 32835		29 32835		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DIROCCO, ANNA M
12010 TURTLE CAY CIR
ORLANDO FL 32835

81 Name

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

1781 Park Center Dr.

83

84 City

Orlando

FL

85 Zip Code
32835

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

Anna M. DiRocco

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	CEO	1.1 TITLE	
NAME	KANEKO, OSAMU	1.2 NAME	
STREET ADDRESS	5933 W CENTURY BLVD SUITE 210	1.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	
NAME	GESSOW, ANDREW J	2.2 NAME	
STREET ADDRESS	2934 WOODSIDE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WOODSIDE CA	2.4 CITY-ST-ZIP	
TITLE	COOS	3.1 TITLE	
NAME	KENNINGER, STEVEN C	3.2 NAME	
STREET ADDRESS	5933 W CENTURY BLVD, SUITE 210	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	EVP	4.1 TITLE	
NAME	NOYES, JAMES E	4.2 NAME	
STREET ADDRESS	515 N STATE ST #2050	4.3 STREET ADDRESS	616 Enterprise Dr., Suite 200
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	SVP	5.1 TITLE	
NAME	GIANNONI, GENEVIEVE	5.2 NAME	
STREET ADDRESS	12010 TURTLE CAY CIR	5.3 STREET ADDRESS	1781 Park Center Dr.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Orlando, FL 32835
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/98

(407)532-1000

Daytime Phone # 0000289

CR2E034 (10/97)