

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 # F95000003469 (2)

1. Corporation Name

AKGI-SINT MAARTEN N.V.



Principal Place of Business

% ARGOSY/KOAR GROUP, INC.  
14335 LAKE BRYAN RD  
ORLANDO FL 32821

Mailing Address

% ARGOSY/KOAR GROUP, INC.  
14335 LAKE BRYAN RD  
ORLANDO FL 32821

3. Date Incorporated or Qualified

07/19/1995

3a. Date of Last Report

2. Principal Place of Business

21 Airport Road

2a. Mailing Address

26 12016 Turtle Cay Circle

4. FEI Number

APPLIED FOR 9-3324734

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Simpson Bay

Suite, Apt. #, etc.

27

City & State

23 St. Maarten

City & State

28 Orlando, FL

Zip

24

Country

25 N.A.

Zip

29 32836

Country

30 US

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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  
14335 LAKE BRYAN RD  
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
12016 Turtle Cay Circle

83

84 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 the applicable

(NOTE: Registered Agent Signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME AK-ST. MAARTEN, LLC  
STREET ADDRESS 52 BUSH RD  
CITY-ST-ZIP PHILIPSBURG, ST. MAARTEN NV ☐ DELETE

TITLE M  
NAME KANEKO, OSAMU  
STREET ADDRESS 911 WILSHIRE BLVD, SUITE 2150  
CITY-ST-ZIP LOS ANGELES CA 90017 ☐ DELETE

TITLE M  
NAME KENNINGER, STEVEN C  
STREET ADDRESS 911 WILSHIRE BLVD, SUITE 2150  
CITY-ST-ZIP LOS ANGELES CA 90017 ☐ DELETE

TITLE M  
NAME GESSOW, ANDREW J  
STREET ADDRESS 2934 WOODSIDE RD  
CITY-ST-ZIP WOODSIDE CA 94062 ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Managing Director ☐ Change ☒ Addition  
1.2 NAME Charles C. Frey  
1.3 STREET ADDRESS 12016 Turtle Cay Circle  
1.4 CITY-ST-ZIP Orlando, Florida 32836

2.1 TITLE Managing Director ☐ Change ☒ Addition  
2.2 NAME Ann Schweiger Cohen  
2.3 STREET ADDRESS 12016 Turtle Cay Circle  
2.4 CITY-ST-ZIP Orlando, Florida 32836

3.1 TITLE Managing Director ☐ Change ☒ Addition  
3.2 NAME Ken Knight  
3.3 STREET ADDRESS Airport Road, Simpson Bay  
3.4 CITY-ST-ZIP St. Maarten N.A.

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ann S. Cohen

3/5/96

Date

(407) 238-2232

Daytime Phone #

CR2E034 (12/95)