

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 12 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 # F95000003469 (2)

1. Corporation Name

AKGI-SINT MAARTEN N.V.



Principal Place of Business % ARGOSY/KOAR GROUP, INC. AIRPORT ROAD, SIMPSON BAY ST MAARTEN FL	Mailing Address % ARGOSY KOAR GROUP INC 12016 TURTLE CAY CIRCLE ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 1781 Park Center Drive 27 Suite, Apt. #, etc. 28 City & State 29 Orlando, Florida 30 Zip 31 32835 32 Country 33 USA
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3. Date Incorporated or Qualified 07/19/1995	4. FEI Number 59-3324734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing 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 ANNA M DIROCCO 12016 TURTLE CAY CIRCLE ORLANDO FL 32835	
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10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1781 Park Center Drive
83	
84 City Orlando	85 Zip Code FL 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Anna M Dirocco* (NOTE: Registered Agent signature required when reinstating) DATE: 1/15/98

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	AK-ST. MAARTEN, LLC
STREET ADDRESS	52 BUSH RD
CITY-ST-ZIP	PHILIPSBURG, ST. MAARTEN NV
TITLE	M
NAME	KANEKO, OSAMU
STREET ADDRESS	5933 W CENTURY BLVD STE 210
CITY-ST-ZIP	LOS ANGELES CA
TITLE	M
NAME	KENNINGER, STEVEN C
STREET ADDRESS	5933 W CENTURY BLVD STE 210
CITY-ST-ZIP	LOS ANGELES CA
TITLE	M
NAME	GESSOW, ANDREW J
STREET ADDRESS	2834 WOODSIDE RD
CITY-ST-ZIP	WOODSIDE CA 94062
TITLE	MD
NAME	FREY, CHARLES C
STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP	ORLANDO FL 32835
TITLE	MD
NAME	COHEN, ANN S
STREET ADDRESS	12016 TURTLE CAY CIRCLE
CITY-ST-ZIP	ORLANDO FL 32835

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1781 Park Center Drive
5.4 CITY-ST-ZIP	Orlando, FL 32835
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1781 Park Center Drive
6.4 CITY-ST-ZIP	Orlando, FL 32835

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: *Anna M Dirocco* 1/15/98 407-532-1000

CR2E034 (10/97)