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

4/01/95 KR

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H34605 (6)

1. Corporation Name

K W RESORT DEVELOPMENT CORP.

Principal Place of Business	Mailing Address
599 LEX AVE 26TH FLOOR NEW YORK NY 10043 -	801 NORTHEAST 167TH ST SUITE 300 N MIAMI BCH FL 33162 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/18/1984
3a. Date of Last Report: 02/17/1994

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

4. FEI Number: 13-3250105 ☐ 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

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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	PD	☒ Change ☐ Addition
NAME	HOYES, LOU	1.2 NAME	Bosworth, Joseph L.	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	1.3 STREET ADDRESS	2001 Ross Avenue	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	DSV	2.1 TITLE	DVS	☒ Change ☐ Addition
NAME	BARR-TITLEY, JOANN	2.2 NAME	Sullivan, Nelda	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	2.3 STREET ADDRESS	2001 Ross Avenue	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VAS	3.1 TITLE	VT	☒ Change ☐ Addition
NAME	AMKRAUT, JEFFERY	3.2 NAME	Brandi, Teresa	
STREET ADDRESS	ONE SOUTHEAST THIRD AVE	3.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	New York, NY 10043	
TITLE	VT	4.1 TITLE	VAT	☒ Change ☐ Addition
NAME	CALIA, VITO	4.2 NAME	Manion, John	
STREET ADDRESS	850 THIRD AVE	4.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10043	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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 on an attachment with an address.

SIGNATURE: Joseph L Bosworth Joseph L. Bosworth 5/2/95 212-559-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178310 CP