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

4/21/95 KR

FILED
'95 JUL 10 AM 9:
SECRETARY OF STAT
TALLAHASSEE, FLORI

DOCUMENT # **H34607** **(2)**

1. Corporation Name
K W RESORT GOLF COURSE CORP.

Principal Place of Business	Mailing Address
599 LEXINGTON AVE 26TH FLR NY NY 10043 US	% UNITE CORPORTE SERVICES, INC. 801 N.E. 167TH STREET STE 300 N MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/18/1984	04/08/1994

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

4. FEI Number **13-3250040** ☐ 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	10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 801 N.E. 167TH STREET SUITE 300 N MIAMI BEACH FL 33162	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	
STREET ADDRESS	1 S.E. 3RD AVENUE	1.3 STREET ADDRESS	2001 Ross Avenue	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	DV	2.1 TITLE	DVS	☒ Change ☐ Addition
NAME	TITLEY, JO-ANN BARR	2.2 NAME	Sullivan, Nelda	
STREET ADDRESS	1 S.E. 3RD AVENUE	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	VAT	☒ Change ☐ Addition
NAME	AMKRAUT, JEFFREY	3.2 NAME	Manion, John	
STREET ADDRESS	1 S.E. 3RD AVENUE	3.3 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	MAIMI FL	3.4 CITY-ST-ZIP	New York, NY 10043	
TITLE	VT	4.1 TITLE	VT	☒ Change ☐ Addition
NAME	CALIA, VITO	4.2 NAME	Brandi, Teresa	
STREET ADDRESS	850 3RD AVENUE	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 Bosworth 5/2/95 212-559-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

017624Y CP