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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K05699** **(9)**

1. Corporation Name
THE CLUB OF THE SPAS AT RESORT WORLD, INC.

Principal Place of Business	Mailing Address
2830 POINCIANA BLVD. KISSIMMEE FL 34746-5258	2830 POINCIANA BLVD. KISSIMMEE FL 34746-5258

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21: 2794 N. Poinciana Blvd
22: Suite, Apt. #, etc.
23: City & State: KISSIMMEE FL.
24: Zip: 34746 25: County: Osceola.

2a. Mailing Address
26: P.O. Box 422168
27: Suite, Apt. #, etc.
28: City & State: KISSIMMEE FL.
29: Zip: 34742-2168 30: County: Osceola.

4. FEI Number: 59-2907632 ☐ 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

MEYERS, STEVE
ONE BISCAYNE TOWER SUITE 3550
TOW S. BISCAYNE BLVD.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: MEYERS STEVEN M. ESQ.
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	VD	1.1 TITLE	V D	☒ Change ☐ Addition
NAME	KAPLUS, ROBERT A.	1.2 NAME		
STREET ADDRESS	3235 TOMAHAWK DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP		
TITLE	VDT	2.1 TITLE	V D T S	☒ Change ☐ Addition
NAME	MEYERS, NEIL	2.2 NAME		
STREET ADDRESS	11111 BISCAYNE BLVD.	2.3 STREET ADDRESS	5001 LAKE CECIL DR	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34746	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	MEYERS, HILLEL	3.2 NAME		
STREET ADDRESS	4875 PINE TREE DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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)(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 REPORTING OFFICER OR DIRECTOR — Date — Daytime Phone #

0376674 CR