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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -1 AM 11:36

DOCUMENT # **K63746** **(7)**

1. Corporation Name
JOHN'S R V SALES, INC.

Principal Place of Business	Mailing Address
9942 SR 44 PO BOX 491635 LEESBURG FL 34788 US	214-A NORTH THIRD STREET PO BOX 491635 LEESBURG FL 34749-8635

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1989**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: c/o Robert R. Cyrus

Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27: P.O. Box 491635

City & State — 23:
City & State — 28: Leesburg, FL

Zip — 24:
Country — 25:
Zip — 29: 34749-1635
Country — 30:

4. FEI Number: **59-2931989** ☐ 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

CYRUS, ROBERT R.
214A N 3RD STREET
LEESBURG FL 32748

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 **34748**

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 _____ (Signature, Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	ZONIN, JOHN A.	12 NAME	
STREET ADDRESS	1625 EMERALDA RD	13 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	14 CITY ST ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	ZONIN, MARIA	22 NAME	
STREET ADDRESS	1625 EMERALDA RD	23 STREET ADDRESS	
CITY ST ZIP	LEESBURG FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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: ✓ _____ 5-29-95 ✓ 904 787-4200
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) ✓ (Daytime Phone #)
JOHN A. ZONIN

097004 CF

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DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS

DOCUMENT # K66403 (2)

1. Corporation Name
KEYLOUN IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
6555 N.W. 36TH ST. SUITE 108 MIAMI FL 33166	6555 N.W. 36TH ST. SUITE 108 MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1989
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business	2a. Mailing Address
21 13731 A SW 84 St	26 13731 A SW 84 St
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: MIAMI, FL.	28 City & State: MIAMI, FL.
24 Zip: 33183 / 25 Country: USA	29 Zip: 33183 / 30 Country: USA

4. FEI Number: 59-2698319 ☐ 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

KEYLOUN, ANDRE J.
6555 N.W. 36TH ST.
SUITE 108
MIAMI FL 33166

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ______ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☐ Change ☐ Addition
NAME	KEYLOUN, ANDRE J.	1.2 NAME	
STREET ADDRESS	13731A S.W. 84TH ST.	1.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	KEYLOUN, ANDRE J.	2.2 NAME	
STREET ADDRESS	13731A S.W. 84TH ST.	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		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: Andre Keyloun
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 (305)387-2377
Date / Daytime Phone #

0180847 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 [illegible] 55

DOCUMENT # **K66954** **(4)**

1. Corporation Name
HIDEAWAY MANAGEMENT CORP.

Principal Place of Business	Mailing Address
% C T CORPORATION SYSTEM 8751 W BROWARD BLVD PLANTATION FL 33324	% C T CORPORATION SYSTEM 8751 W BROWARD BLVD PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/20/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26: ClubCorp - ATTN: Kelly Nixon
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: 3030 LBJ FRWY, STE. 700
City & State — 23
City & State — 28: Dallas TX
Zip — 24 / Country — 25
Zip — 29: 75234 / Country — 30: I

4. FEI Number: **75-2278579** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: [illegible]

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
7 TITLE	SD	7 TITLE ☐ Change ☐ Addition
8 NAME	CASSIDY, RICHARD	8 NAME
9 STREET ADDRESS	14651 DALLAS PKWY, #700	9 STREET ADDRESS
10 CITY-ST-ZIP	DALLAS TX	10 CITY-ST-ZIP
11 TITLE	AT	11 TITLE ☐ Change ☐ Addition
12 NAME	ZAMBIE, RAY	12 NAME
13 STREET ADDRESS	3030 LBJ FRWY 700	13 STREET ADDRESS
14 CITY-ST-ZIP	DALLAS TX	14 CITY-ST-ZIP
15 TITLE	PD	15 TITLE ☐ Change ☐ Addition
16 NAME	JOHNSON, ROBERT, H	16 NAME
17 STREET ADDRESS	3030 LBJ FRWY 700	17 STREET ADDRESS
18 CITY-ST-ZIP	DALLAS TX	18 CITY-ST-ZIP
19 TITLE		19 TITLE ☐ Change ☐ Addition
20 NAME		20 NAME
21 STREET ADDRESS		21 STREET ADDRESS
22 CITY-ST-ZIP		22 CITY-ST-ZIP
23 TITLE		23 TITLE ☐ Change ☐ Addition
24 NAME		24 NAME
25 STREET ADDRESS		25 STREET ADDRESS
26 CITY-ST-ZIP		26 CITY-ST-ZIP
27 TITLE		27 TITLE ☐ Change ☐ Addition
28 NAME		28 NAME
29 STREET ADDRESS		29 STREET ADDRESS
30 CITY-ST-ZIP		30 CITY-ST-ZIP

14. I 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 the 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: R. H. Zambie R H Zambie 5/1/95 (214) 888-7461
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
Asst. Treasurer

0231908 CP

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CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # **K67076** **(5)**

1. Corporation Name

KCA ASSOCIATES, INC.

Principal Place of Business	Mailing Address
% KEVIN C. AHEARN 11745 INVERNESS CIRCLE WELLINGTON FL 33414	% KEVIN C. AHEARN 11745 INVERNESS CIRCLE WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1989	3a. Date of Last Report: 06/03/1994
4. FEI Number: 65-0253508	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AHEARN, KEVIN C. 11745 INVERNESS CIRCLE WELLINGTON FL 33414	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 _____ (If changing Registered Agent, Registered Agent signature required below) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	AHEARN, KEVIN C.	12 NAME	
STREET ADDRESS	11745 INVERNESS CIRCLE	13 STREET ADDRESS	
CITY ST ZIP	WELLINGTON FL	14 CITY ST ZIP	
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: X _____ 5/30/95 407-798-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0012100 CP