# 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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10:21

DOCUMENT # K68590 (4)

1. Corporation Name
HOLIDAY HARBOR MANAGEMENT CORPORATION

| Principal Place of Business | Mailing Address |
|---|---|
| C/O PHILLIP R MCCAMMON<br>8750 DORAL BLVD.<br>MIAMI FL 33178-9402 | C/O PHILLIP R MCCAMMON<br>8750 DORAL BLVD.<br>MIAMI FL 33178-9402 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/27/1989
3a. Date of Last Report: 08/16/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 c/o Citibank Legal Dept |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 One Sansome St., 27th Floor |
| City & State 23 | City & State 28 San Francisco, CA |
| Zip 24 / Country 25 | Zip 29 94104 / Country 30 USA |

4. FEI Number: 65-0125632 ☐ 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 |
|---|---|
| SASSI, RICHARD M<br>8750 DORAL BLVD.<br>MIAMI FL 33178 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 | VA | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | SASSI, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 8750 DORAL BLVD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | S | 2.1 TITLE | ☒ Change ☐ Addition |
| NAME | LOCK, DALE C | 2.2 NAME | |
| STREET ADDRESS | ONE SASOME ST., 25TH FLOOR | 2.3 STREET ADDRESS | One Sansome Street, 27th Floor |
| CITY-ST-ZIP | SAN FRANCISCO CA 94104 | 2.4 CITY-ST-ZIP | |
| TITLE | P | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCAUSLAN, ROBERT | 3.2 NAME | |
| STREET ADDRESS | 4041 N. CENTRAL AVE. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHOENIX AZ 85012 | 3.4 CITY-ST-ZIP | |
| TITLE | VDA | 4.1 TITLE | ☒ Change ☐ Addition |
| NAME | DIXON, DEBORAH | 4.2 NAME | Delete Deborah Dixon |
| STREET ADDRESS | 8750 DORAL BLVD. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33178 | 4.4 CITY-ST-ZIP | |
| TITLE | VDA | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | PARIS, ALVIN | 5.2 NAME | |
| STREET ADDRESS | 8750 DORAL BLVD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33178 | 5.4 CITY-ST-ZIP | |
| TITLE | VA | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | HERBIG, JUDITH A | 6.2 NAME | |
| STREET ADDRESS | 4041 N. CENTRAL AVE. | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PHOENIX AZ 85012 | 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:** Alan L. Miles 1/18/95 (415) 627-6454
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0105063 CP