

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P31336 (1)
1. Corporation Name
GRAND CYPRESS FLORIDA, INC.



Principal Place of Business 80 GRAND CYPRESS BLVD. ORLANDO FL 32836 US	Mailing Address 60 GRAND CYPRESS BLVD ORLANDO FL 32836 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/15/1990	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 99-0282163		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

YERGLER, JON C., ESQUIRE
LOWNDES, DROSDICK, DOSTER, KANTOR & REED
215 NORTH EOLA DRIVE
ORLANDO FL 32802

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	OSANO, MASAKUNI	
STREET ADDRESS	#12-4 KAMINOGE 2-CHOME SETAGAYA-KU	
CITY-ST-ZIP	TOKYO 158 JA	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	TAKAHASHI, STANLEY	
STREET ADDRESS	905 KAPOHO PLC	
CITY-ST-ZIP	HONOLULU HA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MATSUMOTO, HISASHI	
STREET ADDRESS	1717 MOTT-SMITH DR., #2414	
CITY-ST-ZIP	HONOLULU HA	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	HAYAKAWA, GEORGE	
STREET ADDRESS	1040 LUNALILO ST, PH 3	
CITY-ST-ZIP	HONOLULU HA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YAMANISHI, TETSURO	
STREET ADDRESS	#11-14 SUZUGAYA 3 CHOME	
CITY-ST-ZIP	YONO CITY SA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ISHIBASHI, MASATSUGU	
STREET ADDRESS	11318 WINSTON WILLOW COURT	
CITY-ST-ZIP	WINDEREMERE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	*** Please see the attached list ***
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Mitsuzo Ebisawa, DVPT 03/06/98 407-239-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000224

CR2E034 (10/97)

Grand Cypress Resort®

Grand Cypress Florida, Inc. ♦ 60 Grand Cypress Boulevard ♦ Orlando, Florida 32836
(407) 239-4600 ♦ Fax (407) 876-5580

LIST OF OFFICERS & DIRECTORS

As of March 06, 1998

<u>Title</u>	<u>Name</u>	<u>Address</u>
DP	Osano, Masakuni	#12-4, Kaminoge 2-chome, Setagaya-ku, Tokyo 158, Japan
DEVP	Takahashi, Stanley	905 Kapoho Place Honolulu, Hawaii 96825
✓ DVPT	Ebisawa, Mitsuzo	1245 North Park Ave., Winter Park, Florida 32789-2541
DS	Matsumoto, Hisashi	1717 Mott-Smith Dr., #2414 Honolulu, Hawaii 96822
DVP	Hayakawa, George	1040 Lunalilo Street, PH-3 Honolulu, Hawaii 96822
DVP	Kochi, David	One North Jacaranda, #2031 Orlando, Florida 32836
D	Yamanishi, Tetsuro	#11-4, Suzugaya 3-chome, Yono City, Saitama, Japan

THE VILLAS OF GRAND CYPRESS
HYATT REGENCY GRAND CYPRESS
GRAND CYPRESS ACADEMY OF GOLF



GRAND CYPRESS GOLF CLUB
GRAND CYPRESS RACQUET CLUB
GRAND CYPRESS EQUESTRIAN CENTER

MORE GRAND THAN YOU EVER IMAGINED.