FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 25.00 B-1628-C

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 FEB 28 PM 3:44

DOCUMENT # P33015 **(9)**

1. Corporation Name
ORLANDO RESORT CORPORATION

Principal Place of Business	Mailing Address
2662 SABAL CLUB WAY LONGWOOD FL 32779	2662 SABAL CLUB WAY LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/04/1991**
3a. Date of Last Report: **04/14/1994**

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

4. FEI Number: **59-3044642** ☐ 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 RD.
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 _____ 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	V	1.1 TITLE	☑ Change ☐ Addition
NAME	KUSIBIKI, HIDEO	1.2 NAME	
STREET ADDRESS	6401 HAUGHTON LANE	1.3 STREET ADDRESS	c/o 2662 SABAL CLUB WAY ~~984 WILDERNESS RUN #202-205~~
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	LONGWOOD, FL 32779
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SENNO, MASANORI	2.2 NAME	
STREET ADDRESS	%2305 MT. WERNER CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STEAMBOAT SPRINGS CO	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	MIELKE, GARY D.	3.2 NAME	
STREET ADDRESS	%2301 MT. WERNER CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	STEAMBOAT SPRINGS CO	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	KAMORI, KIMIHITO	4.2 NAME	
STREET ADDRESS	3-1, MIDORI CHO 1 CHOME	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAPPORO, JAPAN	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KAMORI, KATSUO	5.2 NAME	
STREET ADDRESS	2-17, WEST 8, SOUTH 21	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAPPORO, JAPAN	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: _____ 2/23/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000A000 09