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 JAN 18 AM 8:26

DOCUMENT # P36647 (6)

1. Corporation Name
JOWA RESORT INC. FLORIDA

Principal Place of Business
C/O KING & SPALDING /ATTN: W.W. DRIVER, JR
191 PEACHTREE STREET
ATLANTA GA 30303

Mailing Address
C/O KING & SPALDING /ATTN: W.W. DRIVER, JR
191 PEACHTREE STREET
ATLANTA GA 30303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/12/1991
3a. Date of Last Report: 02/07/1994
4. FEI Number: 58-1961366 ☐ 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
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH 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 ______ 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	PD
NAME	OHUCHI, TERUYUKI
STREET ADDRESS	5-16-2 SEIJO SETAGAYA KU
CITY-ST-ZIP	TOYKO 157 JAPAN
TITLE	VSD
NAME	KIKUCHI, AYAO
STREET ADDRESS	2-13-7 MAEHARACHO,KOGANEI-SHI
CITY-ST-ZIP	TOKYO 184 JAPAN
TITLE	VTD
NAME	HATA, MICHIO
STREET ADDRESS	3050-36 KAWASHIMACHO,ASAHI-KU, YOKOHAMASHI
CITY-ST-ZIP	KANAGAWA 241 JAPAN
TITLE	AS
NAME	DRIVER, WALTER W., JR.
STREET ADDRESS	191 PEACHTREE ST.
CITY-ST-ZIP	ATLANTA GA 30303
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Walter Driver, Asst. Sec. 1/10/95 404-572-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0398604 FP