FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P36647** **(6)**

1. Corporation Name

JOWA RESORT INC. FLORIDA

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

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **01/18/1995**

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

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

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 (Typed or Printed Name of Registered Agent) DATE

12. OFFICERS AND DIRECTORS

1 TITLE	PD	☐ DELETE
NAME	OHUCHI, TERUYUKI	
STREET ADDRESS	5-16-2 SEIJO SETAGAYA KU	
CITY-ST-ZIP	TOYKO 157 JAPAN	
2 TITLE	VSD	☐ DELETE
NAME	KIKUCHI, AYAO	
STREET ADDRESS	2-13-7 MAEHARACHO,KOGANEI-SHI	
CITY-ST-ZIP	TOKYO 184 JAPAN	
3 TITLE	VTD	☐ DELETE
NAME	HATA, MICHIO	
STREET ADDRESS	3050-36 KAWASHIMACHO,ASAHI-KU, YOKOHAMASHI	
CITY-ST-ZIP	KANAGAWA 241 JAPAN	
4 TITLE	AS	☐ DELETE
NAME	DRIVER, WALTER W., JR.	
STREET ADDRESS	191 PEACHTREE ST.	
CITY-ST-ZIP	ATLANTA GA 30303	
5 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
6 TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by attachment with an address.

SIGNATURE: Walter Driver Asst Sec. 1/16/96 404-572-4789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #