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

APPROVED AND FILED
95 MAY -1 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000055124 (0)

1. Corporation Name
FLAGSHIP RESORT DEVELOPMENT CORPORATION

Principal Place of Business
10800 BISCAYNE BLVD
SUITE 705
MIAMI FL 33161

Mailing Address
10800 BISCAYNE BLVD
SUITE 705
MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0431067 — Applied For / Not Applicable

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

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 [X] Yes ☐ No

9. Name and Address of Current Registered Agent

STEVEN M. MEYERS, P.A.
ONE BISCAYNE TOWER #3550
TWO S BISCAYNE BLVD
MIAMI FL 33131

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 abovenamed 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MEYERS, HILLEL A
STREET ADDRESS	4875 PINE TREE DR
CITY ST ZIP	MIAMI BEACH FL 33140
TITLE	D
NAME	KAYE, BRUCE
STREET ADDRESS	1534 NE QUAY TERRACE
CITY ST ZIP	MIAMI FL 33138
TITLE	VP
NAME	MEYERS, NEIL
STREET ADDRESS	11111 BISCAYNE BLVD
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP		☐ Change ☐ Addition
21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP		☐ Change ☐ Addition
31 TITLE	VP	[X] Change ☐ Addition
32 NAME	MEYERS, NEIL	
33 STREET ADDRESS	2791 Poinciana Blvd.	
34 CITY ST ZIP	Kissimmee, FL 32741	
41 TITLE	TREASURER	☐ Change [X] Addition
42 NAME	GOLDWYN, OWEN	
43 STREET ADDRESS	60 North Maine ave.	
44 CITY ST ZIP	Atlantic City, NJ 08401	
51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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(1)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date   Daytime Phone #

0174200 CP