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
95 JUL 10 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000080399 (6)

1. Corporation Name
RESORT HOSPITALITY SERVICES, INC.

Principal Place of Business	Mailing Address
11120 GRIFFING BLVD BISCAYNE PARK FL 33161	11120 GRIFFING BLVD BISCAYNE PARK FL 33161

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 2142 NE 57th St.
22: Suite, Apt. #, etc.
23: City & State: Ft. Lauderdale FL
24: Zip: 33308 25: Country: USA

2a. Mailing Address
26: 2142 NE 57th St.
27: Suite, Apt. #, etc.
28: City & State: Ft. Lauderdale FL
29: Zip: 33308 30: Country: USA

4. FEI Number: 65-0540388 ☐ 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

STRATTON, DOUGLAS D ESQ
407 LINCOLN RD
SUITE 2B
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City: FL 65 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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	SIEGEL, PAUL	1.2 NAME	Siegal, Paul	
STREET ADDRESS	11120 GRIFFING BLVD	1.3 STREET ADDRESS	2142 NE 57th St	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE	D	2.1 TITLE	D/P/S/T	☒ Change ☐ Addition
NAME	ROBERTS, KEVIN	2.2 NAME	Roberts, Kevin	
STREET ADDRESS	11120 GRIFFING BLVD	2.3 STREET ADDRESS	2142 NE 57th St.	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33308	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	HEINEN, PETER	3.2 NAME	Heinen, Peter	
STREET ADDRESS	11120 GRIFFING BLVD	3.3 STREET ADDRESS	2142 NE 57th St.	
CITY-ST-ZIP	BISCAYNE PARK FL 33161	3.4 CITY-ST-ZIP	Ft. Lauderdale FL 33308	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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: _____ 7/3/95 305/771-6665
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0174404 CP