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 # P95000016930 (6)

1. Corporation Name

ORCI OCEANFRONT RESORT CLUB INTERNATIONAL, INC.

Principal Place of Business

~~% JOEL B. GILES, ESQ.~~
~~200 CENTRAL AVE., STE. 1210~~
~~ST. PETERSBURG FL 33701~~

Mailing Address

~~% JOEL B. GILES, ESQ.~~
~~200 CENTRAL AVE., STE. 1210~~
~~ST. PETERSBURG FL 33701~~

2. Principal Place of Business
21 c/o GERLINDE KOBOLD
Suite, Apt. #, etc.
22 SODENER STRASSE 120
City & State
23 D 65779 KELKHEIM
24 Zip
25 Country GERMANY

2a. Mailing Address
26 c/o UTA S. GROVE, ESQ
Suite, Apt. #, etc.
27 P. O. BOX 777
City & State
28 ST. PETERSBURG, FL
29 Zip 33701
30 Country usa

3. Date Incorporated or Qualified: 02/27/1995

3a. Date of Last Report

4. FEI Number — ☑ 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

~~GILES, JOEL B~~
~~200 CENTRAL AVE., STE. 1210~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent
81 Name: UTA S. GROVE
82 Street Address (P.O. Box Number is Not Acceptable): 520 FOURTH STREET NORTH
83 SECOND FLOOR
84 City: ST. PETERSBURG, FL
85 Zip Code: 33701

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: Uta Grove, attorney — DATE 5/10/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	P/S/T/D	☐ DELETE
NAME	GERLINDE KOBOLD	
STREET ADDRESS	c/o 520 Fourth St. No., 2nd Flr	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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	100001920181	☐ Change ☐ Addition
6.2 NAME	-08/13/96--01027--023	
6.3 STREET ADDRESS	***450.00	
6.4 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)(k), 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: GERLINDE KOBOLD — 06-23-96 — (813) 823-5800

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