## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S41556

(9)

SUNSHINE STATE RESORT HOLDINGS, INC

**FILED** 

May 02 1997 8:00am

Secretary of State

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3. Date incorporated or Qualified Sa. Date of Last Re OS/28/1998 OS/01/1998 O	
22   Mailing Address   28   Mailing Address   4   FEI Number   App   No   No   No   No   No   No   No	port
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Suito Apit #, etc.    Suito Apit #, etc.   Suito Apit #, etc.	. Applicable
City & State  23  24  25  26  27  28  29  20  30  30  30  30  30  30  30  30  30	
Zep	· <del>·····</del>
App	
29	
9. Name and Address of Current Registered Agent  YERQLER, JON C 215 N EOLA DRIVE ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 B4 City FL 85 Zip C  11. Pursuamt 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 office or registered agent, or both, in the State of Florida Subt change was authorized by the corporation's board of directors. I hereby accept the appointment as a agent Larm familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, yound or purise name of registered agent and the Fapolishine (NOTE Registered Agent Uspake required when reliesating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  143. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  154. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  159. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  160. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  179. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  179. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  180. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  181. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  182. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  183. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  184. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  184. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  185. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  185. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  184. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  185. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  186. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  186. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  187. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  188. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  189. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  189. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  180. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  180. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  180. ADDITIONS/CH	199.032,
YERGLER, JON C 215 N EOLA DRIVE ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City  FL 85 Zip C  65 Zip C  66 City  FL 85 Zip C  67 City  FL 85 Zip C  68 Zired Address (P.O. Box Number is Not Acceptable)  85 Zip C  68 Zired Address (P.O. Box Number is Not Acceptable)  86 Zip C  68 Zired Address (P.O. Box Number is Not Acceptable)  87 Zip C  88 Zired Address (P.O. Box Number is Not Acceptable)  88 Zired Address (P.O. Box Number is Not Acceptable)  89 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  81 Zip C  82 Zired Address (P.O. Box Number is Not Acceptable)  89 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  81 Zip C  82 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  81 Zip C  82 Zired Address (P.O. Box Number is Not Acceptable)  82 Zired Address (P.O. Box Number is Not Acceptable)  83 Zired Address (P.O. Box Number is Not Acceptable)  84 Zired Address (P.O. Box Number is Not Acceptable)  85 Zired Address (P.O. Box Number is Not Acceptable)  86 Zired Address (P.O. Box Number is Not Acceptable)  87 Zired Address (P.O. Box Number is Not Acceptable)  88 Zired Address (P.O. Box Number is Not Acceptable)  89 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  80 Zired Address (P.O. Box Number is Not Acceptable)  81 Zired Address (P.O. Box Number is Not Acceptable)  81 Zired Address (P.O. Box Number is Not Acceptable)  82 Zired Address (P.O. Box Number is Not Acceptable)  83 Zired Address (P.O. Box Number is Not Acceptable)  84 Zired Address (P.O. Box Number is Not Acceptable)  85 Zired Address (P.O. Box Number is Not Acceptable)  86 Zired Address (P.O. Box Number is Num	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
215 N EOLA DRIVE ORLANDO FL 32801  82 Street Address (P.O. Box Number is Not Acceptable)  83 BB	
ORLANDO FL 32801  83  84 City  FL 85 Zip C  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 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 tagging agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE  Signature, yound or printed name of registered agent and this if applicante.  INDIE Represend Agent signature required when rehalishing.  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS.  THI DYPS  WATANABE, MIYOSH  27 IN BUTLER BAY DR., NORTH  13 SIRRET ADDRESS  CITY-S1-2IP  INTIE  DELETE  14 CITY-S1-2IP  DELETE  31 TITLE  22 NAME  32 SIREET ADDRESS  CITY-S1-2IP  INTIE  DELETE  33 SIREET ADDRESS  CITY-S1-2IP  INTIE  DELETE  45 TITLE  Change  Change  Change  Change  Change  Change  Change  Change  A City  Change  Change  Change  Change  Change  Change  A City-S1-2IP  Change  Change  A City-S1-2IP  Change	· <del></del>
B3   B4   City	
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 office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as translation with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, recircl or printed name of registered agent and the It applicable. (NOTE Registered Agent signature required when rehalating). DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  19. Support signature required when rehalating). DATE  10. OFFICERS AND DIRECTORS  11. THE  WATANABE, MIYOSH  2710 BUTLER BAY DR., NORTH  WINDEMERE FI.  11. SIRRET ADDRESS  CITY ST-2IP  DELETE  21. TITLE  Change  AMME  32. NAME  32. SAREET ADDRESS  CITY ST-2IP  Change  Change  Change  Change  4.1 TITLE  Change  Change  Change  AMME  32. NAME  33. SIRRET ADDRESS  34. CITY ST-2IP  Change	
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Signature, typeed or pointed name of registered agent and the if applicable   (NOTE Registered Agent signature required when rehalating)   DATE	egistered
DELETE	0.00.40
NAME   WATANABE, MIYOSHI   12 NAME   13 STREET ADDRESS	Addition
STREET ADDRESS   2710 BUTLER BAY DR., NORTH   1.3 STREET ADDRESS	L AUGILIUG
1.4 CITY-ST-ZIP	
DELETE	
NAME   22 NAME   23 STREET ADDRESS   23 STREET ADDRESS   24 CITY-ST-ZIP	Addition
23 STREET ADDRESS   24 CITY-ST-ZIP	Addition
Change	
DELETE   DELETE   3.1 TITLE   Change     NAME   3.2 NAME     STREET ADDRESS   3.3 STREET ADDRESS     CITY - ST - ZIP   DELETE   4.1 TITLE   Change     NAME   4.2 NAME     STREET ADDRESS   4.3 STREET ADDRESS     CITY - ST - ZIP   4.4 CITY - ST - ZIP     Change   Change   Change     Change   Change     Change   Change   Change     Change   Change   Change     Change   Change     Change   Change   Change     Change   Change   Change     Change   Change   Change     Change   Change   Change     Change   Change     Change   Change   Change     Change   Change     Change   Change   Change	
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3.3 STREET ADDRESS   3.4 CITY - ST - ZIP   3.4 CITY - ST - ZIP   1.5 Change   1.5	Addition
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STHEFT ADDRESS         4.3 STREET ADDRESS           C1Y-ST-ZIP         4.4 CITY-ST-ZIP	Addition Addition
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TIFLE DELETE 6.1 TITLE Change	Addition
NAME 62 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 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 chapted, or on an attachment with an address.

**SIGNATURE:** 

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIYOSHI Watanabe