


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

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Feb 25, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S41556					
1. Corporation Name SUNSHINE STATE RESORT HOLDINGS, INC					
Principal Place of Business 2710 BUTLER BAY DR NORTH WINDERMERE FL 34786 US			Mailing Address 215 N EOLA DRIVE ORLANDO FL 32801		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21			2a. Mailing Address 26		
Suite, Apt. #, etc. 22			Suite, Apt. #, etc. 27		
City & State 23			City & State 28		
Zip 24			Country 25		
Country 25			Zip 29		
Country 25			Country 30		
9. Name and Address of Current Registered Agent YERGLER, JON C 215 N EOLA DRIVE ORLANDO FL 32801			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE DS <input type="checkbox"/> DELETE NAME WATANABE, MIYOSHI STREET ADDRESS 2710 BUTLER BAY DR., NORTH CITY-ST-ZIP WINDEMERE FL 34786 TITLE DP <input type="checkbox"/> DELETE NAME KITAZAWA, TAKASHI STREET ADDRESS 2710 BUTLER BAY DRIVE, NORTH CITY-ST-ZIP WINDERMERE FL 34786 TITLE V <input type="checkbox"/> DELETE NAME OGUMA, HIROSHI STREET ADDRESS 22710 BUTLER BAY DRIVE, NORTH CITY-ST-ZIP WINDERMERE FL 34786 TITLE T <input type="checkbox"/> DELETE NAME KATO, SHIGERU STREET ADDRESS 2710 BAY DRIVE, NROTH CITY-ST-ZIP WINDERMERE FL 34786 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99
Date

407-846-1112
Daytime Phone #

CR2E034 (1/1/98)