FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V09653 (9)

1. Corporation Name
EIKO RESORT PROPERTIES, INC.

Principal Place of Business	Mailing Address
2375 TAMIMAI TRAIL NORTH. #206-A NAPLES FL 33940	150 TIMBER CREEK. #9 CORDOVA TN 38018-4237 US

3. Date Incorporated or Qualified: 01/28/1992
3a. Date of Last Report: 04/12/1996

2. Principal Place of Business	2a. Mailing Address
21 9240 Bonita Beach Rd	26 1315 Ridgeway Rd
Suite, Apt. #, etc. 22 Suite 2217	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Bonita Springs FL	City & State 28 Memphis TN
Zip / Country 24 33923 25 USA	Zip / Country 29 38119 30 USA

4. FEI Number: 65-0311525 ☐ 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	10. Name and Address of New Registered Agent
~~HARTER, SECREST & EMERY~~ ~~800 LAUREL OAK DRIVE~~ ~~NAPLES FL 33963~~	81 Name: ~~[illegible]~~ Kathleen Passidomo 82 Street Address (P.O. Box Number is Not Acceptable): ~~[illegible]~~ 83 2640 Golden Gate Parkway, Suite 315 84 City: ~~[illegible]~~ Naples FL 85 Zip Code: 34105

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	P	☒ DELETE	1.1 TITLE	Anselm Eichmann President ☒ Change ☐ Addition
NAME	MAYTON, BILL		1.2 NAME	
STREET ADDRESS	C/O 150 TIMBER CREEK, ST #9		1.3 STREET ADDRESS	1315 Ridgeway Rd Suite 100
CITY-ST-ZIP	CORDOVA TN		1.4 CITY-ST-ZIP	~~[illegible]~~ Memphis TN 38119
TITLE	V	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EICHMANN, ANSELM		2.2 NAME	
STREET ADDRESS	C/O 150 TIMBER CREEK, ST #9		2.3 STREET ADDRESS	
CITY-ST-ZIP	CORDOVA TN		2.4 CITY-ST-ZIP	
TITLE	S	☒ DELETE	3.1 TITLE	Secretary ☒ Change ☐ Addition
NAME	JONES, YVONNE		3.2 NAME	Yvonne Jones
STREET ADDRESS	C/O 150 TIMER CREEK, ST #9		3.3 STREET ADDRESS	1315 Ridgeway Rd Ste 100
CITY-ST-ZIP	CORDOVA TN		3.4 CITY-ST-ZIP	Memphis TN 38119
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer ☒ Change ☐ Addition
NAME	EICHMANN, ANSELM		4.2 NAME	Yvonne Jones
STREET ADDRESS	C/O 150 TIMER CREEK, ST #9		4.3 STREET ADDRESS	1315 Ridgeway Rd Ste 100
CITY-ST-ZIP	CORDOVA TN		4.4 CITY-ST-ZIP	Memphis TN 38119
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED 4/23/97 901 682 2453