FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90003 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V09653

1. Corporation Name

EIKO RESORT PROPERTIES, INC.

Principal Place	e of Business	Mailing Address					
1315 RIDGEWA	y RD	1315 RIDGEWAY RD					
SUITE 100		STE. 100			OO MOT WEST IN THE ORACS		
MEMPHIS TN 3	8719	MEMPHIS TN 38119			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed		l
					01/28/1992		
2. Principal P	lace of Business	2a, Mailing Address			4. FEI Number		plied For
21 26					65-0311525		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75	
22	27			0. 00111011000	Fee Re	quired	
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	-
23		28			Trust Fund Contribution	Added t	o Fees
Zip Country Zip			Country		8. This corporation owes the current year Intar		
24	25	29 30)		T disorial troporty rax:	_] Yes	□No
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Registered A	gent	_
			81	Name			
PASSIDOMO, KAHTLEEN			82	Stroot	Address (P.O. Box Number is Not Acceptable)		
2640 GOLDEN GATE PARKWAY			02	Sueer	Address (F.O. Dox Namber is Not Neceptable)		ļ
STE.	315		83				
NAP	LES FL 34105					I I	
			84	City	FL	85 Zip (Code
11 Pursuant	to the provisions of Sections 607.0502	and 607.1508. Florida Statutes.	the abov	e-named	corporation submits this statement for the purpose of cl	nanging its	registered
l office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida Such chande was allin	ınnzen ov	the carbo	oration's board of directors. I hereby accept the appoint	ment as re	gistered
agent. I a	m tamiliar with, and accept the obligation	ons of, Section 607.0303, Fluida	a Statutes				ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gistered Age	nt signature r	equired when reinstating) DATE		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12
TITLE	P	☐ DELETE 1.1 TI				Change	Addition
NAME	EICHMANN, ANSELM		1.2 NAME				
STREET ADDRESS	4045 DIDOGULAY DO OTE 400		1.3 STREET ADDRESS				
	MEMPHIS TN		1.4 CITY-ST-ZIP				
CITY-ST-ZIP	100		2.1 TITLE		VIDAGE TONIFT A	Change	Addition
TITLE		22 N			YVONNE JONES O SECRETARY W 218 N. JEFFCERSON, STE YOU 218 N. JEFFCERSON, STE YOU	^	
NAME	GOILE, ITOTAL				Secretary and STE YOU)	ł
STREET ADDRESS	1315 RIDGEWAY RD, STE. 100			TADDRESS	SUB N. DEFFECTEDIN, SIC 100		1
CITY-ST-ZIP	MEMPHIS TN		2.4 CITY-5	ST-ZIP	CHICAGO, IL 60661	Change	☐ Addition
TITLE .	T	☐ DELETE	3.1 TITLE		1 MC/130 Me I	≥] Change	
NAME	JONES, YVONEE		3.2 NAME		YVONNE JONES		Ţ
STREET ADDRESS	1315 RIDGEWAY RD, STE 100		3.3 STREE	TADDRESS	218 N. VEFFERSON, STE 400	,	1
CITY-ST-ZIP	MEMPHIS TN		3.4. CITY-5	ST-ZIP	CHICALD IL GUGGI		
TITLE		☐ DELETE	4.1 TITLE		DIRECTOR	☐ Change	Addition
NAME		-	4. 2 NAME		ANSELM EICHMANN		
STREET ADDRESS	-		4.3 STREE	TADDRESS	1315 RIDGEWAY RD, STETOT)	
CITY-ST-ZIP			4.4 C/TY-S	T-ZIP	MEMPHS TO 38/19		
TITLE		☐ DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
1		•	5.4 CITY-S	T-ZIP			
CITY-ST-ZIP TITLE						Change	Addition
111111111111111111111111111111111111111		☐ DELETE	6.1 TITLE				
		☐ DELETE					
NAME STREET ADDRESS		☐ DELETE	6.2 NAME	T ADDRESS			_

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 supplied 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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CiTY-ST-ZiP