

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

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Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000003800 (7)

SIGNATURE RESORTS, INC.



Principal Place of Business: 12016 TURTLE CAY CR ORLANDO FL 32836  
Mailing Address: 12016 TURTLE CAY CR ORLANDO FL 32836-6423

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
12016 TURTLE CAY CR ORLANDO FL 32836		12016 TURTLE CAY CR ORLANDO FL 32836-6423		07/26/1996	
21. State Act #	26. State Act #, etc.	4. FEI Number 95-4582157		Applied For	
22. City & State	27. City & State	APPLIED FOR		Not Applicable	
23. Zip	28. Zip	5. Certificate of Status Desired		8.75 Additional Fee Required	
24. Country	29. Country	<input type="checkbox"/>		5.00 May Be Added to Fees	
		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GIANNONI, GENEVIEVE 12016 TURTLE CAY CR ORLANDO FL 32836				81. Name	Anna M. DiRocco		
				82. Street Address (P.O. Box Number is Not Acceptable)	12016 Turtle Cay Circle		
				83.			
				84. City	Orlando	85. FL	Zip Code 32836

11. Pursuant to the provisions of Sections 607.0102 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: Anna M. DiRocco *Anna M. DiRocco* 3/17/97  
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE	11. TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	KANEKO, OSAMU		12. NAME				
STREET ADDRESS	911 WILSHIRE BLVD #2250		13. STREET ADDRESS	5933 W. Century Blvd., Suite 210			
CITY-STATE	LOS ANGELES CA 90017		14. CITY-ST-ZIP	Los Angeles, CA 90045			
TITLE	DCP	<input type="checkbox"/> DELETE	2.1. TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GESSOW, ANDREW J		2.2. NAME				
STREET ADDRESS	2934 WOODSIDE RD		2.3. STREET ADDRESS				
CITY-STATE	WOODSIDE CA 94062		2.4. CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> DELETE	3.1. TITLE				
NAME	KENNINGER, STEVEN		3.2. NAME				
STREET ADDRESS	911 WILSHIRE BLVD #2250		3.3. STREET ADDRESS	5933 W. Century Blvd., Suite 210			
CITY-STATE	LOS ANGELES CA 90017		3.4. CITY-ST-ZIP	Los Angeles, CA 90045			
TITLE	V	<input type="checkbox"/> DELETE	4.1. TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GIANNONI, GENEVIEVE		4.2. NAME				
STREET ADDRESS	12016 TURTLE CAY CR		4.3. STREET ADDRESS				
CITY-STATE	ORLANDO FL 32836		4.4. CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	5.1. TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FREY, CHARLES C		5.2. NAME				
STREET ADDRESS	12016 TURTLE CAY CR		5.3. STREET ADDRESS				
CITY-STATE	ORLANDO FL 32836		5.4. CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1. TITLE				
NAME			6.2. NAME				
STREET ADDRESS			6.3. STREET ADDRESS				
CITY-STATE			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 included in 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; that 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 of this report, or on an attachment with an address.

SIGNATURE: Genevieve Giannoni, Senior Vice President 2/5/97 (407) 238-2232

CR2E034 (9/96)