


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

FILED

**Feb 09 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003800 (7)
1. Corporation Name
SIGNATURE RESORTS, INC.



Principal Place of Business 12010 TURTLE CAY CR ORLANDO FL 32835	Mailing Address 12010 TURTLE CAY CR ORLANDO FL 32835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1781 Park Center Dr.		2a. Mailing Address 26 1781 Park Center Dr.		3. Date Incorporated or Qualified 07/26/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 95-4582157	
City & State 23 Orlando, FL		City & State 28 Orlando, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32835		Zip 29 32835		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 USA		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**DIROCCO, ANNA M
12010 TURTLE CAY CR
ORLANDO FL 32835**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 1781 Park Center Dr.	FL 32835
83	
84 City Orlando	

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 **Anna M. DiRocco** *Anna M. DiRocco* **11/14/98**
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	DC	<input type="checkbox"/> DELETE
NAME	KANEKO, OSAMU	
STREET ADDRESS	5933 W CENTURY BLVD SUITE 210	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GESSOW, ANDREW J	
STREET ADDRESS	2934 WOODSIDE RD	
CITY-ST-ZIP	WOODSIDE CA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	KENNINGER, STEVEN	
STREET ADDRESS	5933 W CENTURY BLVD SUITE 210	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	GIANNONI, GENEVIEVE	
STREET ADDRESS	12010 TURTLE CAY CR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	FREY, CHARLES C	
STREET ADDRESS	12010 TURTLE CAY CR	
CITY-ST-ZIP	ORLANDO FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	1781 Park Center Dr.
4.4 CITY-ST-ZIP	Orlando, FL 32835
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1781 Park Center Dr.
5.4 CITY-ST-ZIP	Orlando, FL 32835
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Executive Vice President
6.3 STREET ADDRESS	Noyes, James E.
6.4 CITY-ST-ZIP	616 Enterprise Dr., Suite 200 Oak Brook, IL 60521

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **11/14/98 (407) 532-1000**

CR2E034 (10/97)