FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # L62522 (2)

1. Corporation Name
KGFL PARK HOTEL CORP.

Principal Place of Business
~~17755 US 19 NORTH~~
~~SUITE 150~~
CLEARWATER FL 34624

Mailing Address
~~J. BOB HUMPHRIES, ESQ.~~
~~501 E. KENNEDY BLVD., #1700~~
~~TAMPA FL 33602~~

3. Date Incorporated or Qualified: 04/03/1990
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 17757 US 19 N
Suite, Apt. #, etc
22 SUITE 350
City & State
23 Clearwater, FL
Zip
24 34624
Country
25 Pinellas

2a. Mailing Address
26 17757 US 19 N
Suite, Apt. #, etc.
27 Suite 350
City & State
28 Clearwater
Zip
29 FL
Country
30 34624

4. FEI Number: 59-3001379 ☐ 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
~~HUMPHRIES, J. BOB~~
~~501 E. KENNEDY BLVD.~~
~~SUITE 1700~~
~~TAMPA FL 33602~~

10. Name and Address of New Registered Agent
81 Name: Bernhard Assies
82 Street Address (P.O. Box Number is Not Acceptable): 17757 US 19 N
83 Suite 350
84 City: Clearwater FL 85 Zip Code: 34624

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] Bernhard Assies 04/30/96
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	AS	☒ DELETE
NAME	HUMPHRIES, J. BOB	
STREET ADDRESS	501 EAST KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 1 TITLE	D/V	☐ Change ☒ Addition
1 2 NAME	Radtke, H H	
1 3 STREET ADDRESS	17757 US 19 N, Suite 350	
1 4 CITY-ST-ZIP	Clearwater, FL 34624	
2 1 TITLE	D/P	☐ Change ☒ Addition
2 2 NAME	Hay, Douglas	
2 3 STREET ADDRESS	17757 US 19 N, Suite 350	
2 4 CITY-ST-ZIP	Clearwater, FL 34624	
3 1 TITLE	T	☐ Change ☒ Addition
3 2 NAME	Polen, Dan	
3 3 STREET ADDRESS	17757 US 19 N, Suite 350	
3 4 CITY-ST-ZIP	Clearwater, FL 34624	
4 1 TITLE	S	☐ Change ☒ Addition
4 2 NAME	Reichert, Lothar F	
4 3 STREET ADDRESS	17757 US 19 N, Suite 350	
4 4 CITY-ST-ZIP	Clearwater, FL 34624	
5 1 TITLE	V	☐ Change ☒ Addition
5 2 NAME	Slovacek, Marvin	
5 3 STREET ADDRESS	17757 US 19 N, Suite 350	
5 4 CITY-ST-ZIP	Clearwater, FL 34629	
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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] LOTHAR F. REICHERT 4-30-96 (813)535-7999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #