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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **L62522** **(2)**

1. Corporation Name
KGFL PARK HOTEL CORP.

Principal Place of Business	Mailing Address
27757 US 19 N SUITE 350 CLEARWATER FL 34624 US	17757 US 19 N SUITE 350 CLEARWATER FL 34624-6559 US

3. Date Incorporated or Qualified: 04/03/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 13925 58th St. N.
22 Suite, Apt. #, etc.
23 City & State: Clearwater, FL
24 Zip: 34620
25 Country: Pinellas

2a. Mailing Address
26 13925 58th St. N.
27 Suite, Apt. #, etc.
28 City & State: Clearwater, FL
29 Zip: 34620
30 Country: Pinellas

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
ASSIES, BERNHARD
17757 US 19 N
SUITE 350
CLEARWATER FL 34624

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 13925 58th St. N.
83
84 City: Clearwater FL 85 Zip Code: 34620

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: B. Assies (B. Assies) 04/29/1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HUMPHRIES, J. BOB 501 EAST KENNEDY BLVD TAMPA FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D/V Radtke, H.H. 13925 58th St. N. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D/P Hay, Douglas 13925 58th St. N. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	T Assies, Bernhard 13925 58th St. N. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S Reichert, Lothar F. 13925 58th St. N. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V Slovacek, Marvin 13925 58th St. N. Clearwater, FL 34620	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: L. Reichert Lothar F. Reichert Secretary 4/29/97 (813) 535-7995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #