

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
Apr 24, 1996 08:00 AM
Secretary of State

DOCUMENT # **303308** (1)

1. Corporation Name
FLORIDA EAST COAST HOTEL COMPANY



Principal Place of Business
**THE BREAKERS HOTEL ONE SO. COUNTY ROAD
PALM BEACH FL 33480
US**

Mailing Address
**THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD
PALM BEACH FL 33480
US**

3. Date Incorporated or Qualified **03/23/1966** 3a. Date of Last Report **05/01/1995**

4. FEI Number **26-0303308** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**LEONE, PAUL N.
C/O THE BREAKERS HOTEL
ONE SOUTH COUNTY RD.
PALM BCH. FL 33480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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, 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	CPD	1.1 TITLE	☐ Change ☐ Addition
NAME	KENAN, JAMES G. III	1.2 NAME	
STREET ADDRESS	212 BARROW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	1.4 CITY-ST-ZIP	
TITLE	DVC	2.1 TITLE	☐ Change ☐ Addition
NAME	KENAN, OWEN G.	2.2 NAME	
STREET ADDRESS	1011 PINEHURST DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KENAN, JAMES G.	3.2 NAME	
STREET ADDRESS	2890 ANDREWS DR NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VSAT	4.1 TITLE	☐ Change ☐ Addition
NAME	LEONE, PAUL N	4.2 NAME	
STREET ADDRESS	ONE SOUTH CONTRY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KIRK, GARRETT JR.	5.2 NAME	
STREET ADDRESS	320 EAST 72 ST #5C	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KENAN, THOMAS S., III	6.2 NAME	
STREET ADDRESS	106 LAUREL HILL CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	6.4 CITY-ST-ZIP	

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:

Paul N. Leone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL N. LEONE

4/8/96

(407) 655-6611

Date

Daytime Phone #

CR2E034 (12/95)