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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/23/1966	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 26-0303308	Applied For <input type="checkbox"/> Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 _____ (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	T
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	ALEX GILMURRAY
NAME	KENAN, OWEN G.	2.2 NAME	13412 Chelmsford St.
STREET ADDRESS	1011 PINEHURST DR.	2.3 STREET ADDRESS	West Palm Beach, FL
CITY-ST-ZIP	CHAPEL HILL NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
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	P
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	
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	
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 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: *Paul N. Leone* **(561) 659-8493**

CR2E034 (9/96)