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Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 303308 (1)

1. Corporation Name
FLORIDA EAST COAST HOTEL COMPANY

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1966

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			Change / Addition
1 T	KENAN, JAMES G. III 212 BARROW ROAD LEXINGTON KY	☐	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CT	☑ ☐
DVC	KENAN, OWEN G. 1011 PINEHURST DR. CHAPEL HILL NC	☐	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ ☐
SAT	GILMURRAY, ALEX 13412 CHELMSFORD ST WEST PALM BEACH FL	☐	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ ☐
P	LEONE, PAUL N ONE SOUTH CONTRY ROAD PALM BEACH FL	☐	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	ONE SOUTH COUNTY ROAD	☑ ☐
D	KIRK, GARRETT JR. 320 EAST 72 ST #5C NEW YORK NY	☐	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ ☐
D	KENAN, THOMAS S., III 106 LAUREL HILL CIRCLE CHAPEL HILL NC	☐	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ ☐

CR2E034 (10/97)

14. I 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: [signature] Paul N. Leone 3/11/98 (561) 655-6611