

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 03/23/1966	
24		25		4. FEI Number 26-0303308	
29		30		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
29		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
29		30		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 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 FL 85 Zip Code	
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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

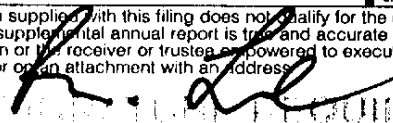
(NOTE: Registered Agent signature required when reappointing)

DATE

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

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 its 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

3/11/98

(561) 655-6611

CR2E034 (10/97)