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04-16-1999 90030 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303308

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 Qualifed: 03/23/1966

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 26-0303308 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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

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	CT	☐ DELETE	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	☐ DELETE	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	SAT	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GILMURRAY, ALEX		3.2 NAME	
STREET ADDRESS	13412 CHELMSFORD ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LEONE, PAUL N		4.2 NAME	
STREET ADDRESS	ONE S COUNTY RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Paul N. Leone 3/31/99 561-655-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)