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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

DOCUMENT # 305029 (1)

1. Corporation Name
MODEL LAND COMPANY

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

3. Date Incorporated or Qualified: 05/12/1966	3a. Date of Last Report: 04/24/1996
4. FEI Number: 26-0305029	☐ 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	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

9. Name and Address of Current Registered Agent

LEONE, PAUL N.
C/O THE BREAKERS HOTEL
ONE SOUTH COUNTY ROAD
PALM BEACH 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	DPT	☐ DELETE	1.1 TITLE	CTD	☑ 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 ER.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	ALEX GILMURRAY SAT	☐ Change ☑ Addition
NAME	KENAN, FRANK H.		3.2 NAME	13412 Chelmsford St.	
STREET ADDRESS	3900 DOVER ROAD		3.3 STREET ADDRESS	West Palm Beach, FL	
CITY-ST-ZIP	DURHAM NC		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	James C. Kennedy D	☐ Change ☑ Addition
NAME	KENAN, JAMES G.		4.2 NAME	2865 Howell Mill Rd.	
STREET ADDRESS	2890 ANDREWS DRIVE NW		4.3 STREET ADDRESS	Atlanta, GA 30327	
CITY-ST-ZIP	ATLANTA GA		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KENAN, THOMAS S., III		5.2 NAME		
STREET ADDRESS	106 LAUREL HILL CIR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHAPEL HILL NC		5.4 CITY-ST-ZIP		
TITLE	VSAT	☐ DELETE	6.1 TITLE	P	☑ Change ☐ Addition
NAME	LEONE, PAUL N		6.2 NAME		
STREET ADDRESS	ONE SOUTH COUNTRY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: [signature] PAUL N. LEONE (561) 659-8483