

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 305029 (1)
1. Corporation Name
MODEL LAND COMPANY

Principal Place of Business THE BREAKERS HOTEL ONE SO. COUNTY ROAD PALM BEACH FL 33480 US	Mailing Address THE BREAKERS HOTEL ONE SO. COUNTY ROAD PALM BEACH FL 33480 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1966	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 26-0305029	Applied For Not Applicable
23 Zip	25 Country	28 Zip	30 Country	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 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	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

Signature, typed or printed name of registered agent and title if applicable

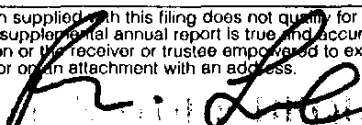
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD KENAN, JAMES G., III 212 BARROW ROAD LEXINGTON KY	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVC KENAN, OWEN G. 1011 PINEHURST ER. CHAPEL HILL NC	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KENAN, FRANK H. 3900 DOVER ROAD DURHAM NC	3.1 TITLE	ATS
NAME		3.2 NAME	ALEX GILMURRAY
STREET ADDRESS		3.3 STREET ADDRESS	13412 Chelmsford Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	West Palm Beach, FL.
TITLE	D KENAN, JAMES G. 2890 ANDREWS DRIVE NW ATLANTA GA	4.1 TITLE	D
NAME		4.2 NAME	Garrett Kirk, Jr.
STREET ADDRESS		4.3 STREET ADDRESS	320 E 72nd St. 5C
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY
TITLE	D KENAN, THOMAS S., III 106 LAUREL HILL CIR. CHAPEL HILL NC	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	P LEONE, PAUL N ONE SOUTH COUNTRY ROAD PALM BEACH FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	ONE SOUTH COUNTRY ROAD
CITY-ST-ZIP		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.

SIGNATURE:



Paul N. Leone

3/11/98

(561) 655-6611

CR2E034 (10/97)