

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90030 038 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 305029

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**

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
05/12/1966

4. FEI Number
26-0305029

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 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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CTD	☐ DELETE
NAME	KENAN, JAMES G., III	
STREET ADDRESS	212 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	DVC	☐ DELETE
NAME	KENAN, OWEN G.	
STREET ADDRESS	1011 PINEHURST ER.	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	ATS	☐ DELETE
NAME	GILMURRAY, ALEX	
STREET ADDRESS	13412 CHELMSFORD ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	☐ DELETE
NAME	GARRETT, JR. K	
STREET ADDRESS	320 E 72ND ST 5C	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	☐ DELETE
NAME	KENAN, THOMAS S., III	
STREET ADDRESS	106 LAUREL HILL CIR.	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	P	☐ DELETE
NAME	LEONE, PAUL N	
STREET ADDRESS	ONE S COUNTY RD	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 supplement or 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)