

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

FILED
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
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DOCUMENT # 321933 (4)
1. Corporation Name
FLAGLER HOTELS OF THE BAHAMAS, INC.



Principal Place of Business THE BREAKERS HOTEL ONE SOUTH 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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1967	3a. Date of Last Report 04/24/1996
21	26	4. FEI Number 59-1208515		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONE, PAUL N. C/O THE BREAKERS HOTEL ONE SOUTH COUNTY ROAD PALM BEACH FL 33480				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	CTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, III, JAMES G.			1.2 NAME			
STREET ADDRESS	212 BARROW ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	LEXINGTON KY			1.4 CITY-ST-ZIP			
TITLE	DVC	<input type="checkbox"/> DELETE		2.1 TITLE	SAT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KENAN, OWEN G.			2.2 NAME	ALEX GILMURRAY		
STREET ADDRESS	1011 PINEHURST CR			2.3 STREET ADDRESS	13412 Chelmsford St.		
CITY-ST-ZIP	CHAPEL HILL NC			2.4 CITY-ST-ZIP	West Palm Beach, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, JAMES G.			3.2 NAME			
STREET ADDRESS	2890 ANDREWS DR, NW			3.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KIRK JR, GARRETT			4.2 NAME	Thomas S Kenan		
STREET ADDRESS	320 E 72ND ST 5C			4.3 STREET ADDRESS	106 Laurel Hill Circle		
CITY-ST-ZIP	NEW YORK, NY, FL			4.4 CITY-ST-ZIP	Chapel Hill, NC 27514		
TITLE	VSAT	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEONE, PAUL N			5.2 NAME			
STREET ADDRESS	ONE SOUTH COUNTRY ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	PALM BEACH FL 33480			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KENAN, FRANK H.			6.2 NAME			
STREET ADDRESS	3900 DOVER ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	DURHAM NC			6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **PAUL N. LEONE (561) 659-8493**

CR2E034 (9/96)