

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 462638 (8)
1. Corporation Name
FLAGLER PROPERTIES, INC.



Principal Place of Business: **THE BREAKERS HOTEL, ONE S. COUNTY ROAD, PALM BEACH FL 33480, US**
Mailing Address: **THE BREAKERS HOTEL, ONE S COUNTY RD, PALM BEACH FL 33480, US**

3. Date Incorporated or Qualified: **10/03/1974** 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2255835	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	24	30
24	25	29	30

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

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 reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VGD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAN, OWEN G.	2.2 NAME	
STREET ADDRESS	1011 PINEHURST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAN, FRANK H.	3.2 NAME	
STREET ADDRESS	3900 DOVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DURHAM NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAN, JAMES G.	4.2 NAME	
STREET ADDRESS	2890 ANDREWS DRIVE NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENAN, THOMAS S. III	5.2 NAME	
STREET ADDRESS	108 LAUREL HILL CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHAPEL HILL NC	5.4 CITY-ST-ZIP	
TITLE	VSAT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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** **4/8/96** **(407) 655-6611**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)