


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

FILED
Mar 23 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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

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| 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 |
|--|---|



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 | | 3. Date Incorporated or Qualified 10/03/1974 | |
| | | | | 4. FEI Number 59-2255835 Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|--|--|---|--|
| 9. Name and Address of Current Registered Agent LEONE, PAUL N. % THE BREAKERS HOTEL ONE SOUTH COUNTY RD 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.

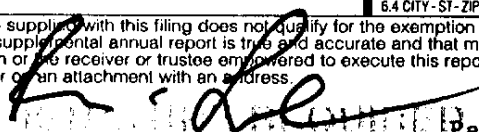
(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | | | | | |
|----------------------------|------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | CTD | <input type="checkbox"/> DELETE | | 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 | VCD | <input type="checkbox"/> DELETE | | 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 | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KENNEDY, JAMES C | | | 3.2 NAME | | | |
| STREET ADDRESS | 2865 HOWELL MILL RD NW | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | ATLANTA GA | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | SAT | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | GILMURRAY, ALEX | | | 4.2 NAME | GILMURRAY, ALEX | | |
| STREET ADDRESS | 13412 CHELMSFORD ST | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | WEST PALM BEACH FL | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | KENAN, THOMAS S. III | | | 5.2 NAME | | | |
| STREET ADDRESS | 106 LAUREL HILL CIRCLE | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | CHAPEL HILL NC | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | P | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LEONE, PAUL N | | | 6.2 NAME | | | |
| STREET ADDRESS | ONE SOUTH COUNTRY ROAD | | | 6.3 STREET ADDRESS | ONE SOUTH COUNTRY ROAD | | |
| CITY-ST-ZIP | PALM BEACH FL | | | 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)