

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90040 037 ***150.00

DOCUMENT # **462638**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1974

4. FEI Number

59-2255835

Applied For

Not Applicable

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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

TITLE	CTD	<input type="checkbox"/> DELETE
NAME	KENAN, JAMES G., III	
STREET ADDRESS	212 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	KENAN, OWEN G.	
STREET ADDRESS	1011 PINEHURST DRIVE	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, JAMES C	
STREET ADDRESS	2865 HOWELL MILL RD NW	
CITY-ST-ZIP	ATLANTA GA	
TITLE	SAT	<input type="checkbox"/> DELETE
NAME	GILMURRAY, ALEX	
STREET ADDRESS	13412 CHELMSFORD ST	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENAN, THOMAS S. III	
STREET ADDRESS	106 LAUREL HILL CIRCLE	
CITY-ST-ZIP	CHAPEL HILL NC	
TITLE	P	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED Paul N. Leone 3/31/99 561-655-6611

CR2E034 (11/98)

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