

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 07, 1999 8:00 am  
Secretary of State

04-07-1999 90087 033 \*\*\*150.00

DOCUMENT # F93000005958

1. Corporation Name

KSL HOTEL CORP.

Principal Place of Business

4400 NW 87TH AVENUE  
MIAMI FL 33324

Mailing Address

56-140 PGA BLVD  
LA QUINTA CA 92253

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/30/1993

4. FEI Number

33-0591433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 VATO ☐ DELETE

NAME SHANNON, MICHAEL S  
STREET ADDRESS 56-140 PGA BLVD  
CITY-ST-ZIP LA QUINTA CA 92253

1.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME LICHLITER, LARRY E  
STREET ADDRESS 56-140 PGA BLVD  
CITY-ST-ZIP LA QUINTA CA 92253

1.2 NAME ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME PAIGE, JOEL  
STREET ADDRESS 4400 NW 87TH AVE  
CITY-ST-ZIP MIAMI FL 33178

1.3 STREET ADDRESS ☒ Change ☐ Addition

TITLE VS ☐ DELETE

NAME DYAL, NOLA S  
STREET ADDRESS 56-140 PGA BOULEVARD  
CITY-ST-ZIP LA QUINTA CA 92253

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VT ☐ DELETE

NAME SAER, JOHN K JR  
STREET ADDRESS 56-140 PGA BLVD  
CITY-ST-ZIP LA QUINTA CA 92253

2.1 TITLE ☐ Change ☐ Addition

TITLE P ☒ DELETE

NAME AFFELDT, ERIC  
STREET ADDRESS 4400 NW 87TH AVENUE  
CITY-ST-ZIP MIAMI FL 33178

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

PAIGE, JOEL  
4400 NW 87TH AVENUE  
MIAMI, FL 33178

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 #

CR2E034 (11/98)