Mar 31, 1999 8:00 am Secretary of State

03-31-1999 90063 047 ***150.00

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

DOCUI 1. Corporation	MENT # F94000 (003165		i	
KGI GR/	and Beach Investments,	INC.			
Principal Place	e of Business	Mailing Address		1 1801(00 1110 1011(0101) 8016 00111 00111 0011	1 OBSDE CLINE LINES BEEN DISE CON
5030X W X 5017A		1781 PARK CENTER DR			
CZOX LEGAL ADMINISTRATION				DO NOT WRITE IN THI	C CDACE
LOS ANSTELES XAN SECURIX US ORLANDO FL 32835 US US				3. Date Incorporated or Qualifed	337702
Van		US		06/16/1994	1
2 Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1781 Park Center Dr. 26			95-4473298	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Orla		28		- Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year li	ntangible ☐ Yes ☐ No
24 3283		29 30	0	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name		1 Agont
ст	CORPORATION SYSTEM				
1200 SOUTH PINE ISLAND RD.			82 Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83		
1 SWY///IO/Y 1 L GOOL					
			84 City	F	85 Zip Code
11. Pursuant office or ragent, I a SIGNATURE	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statutes.	d corporation submits this statement for the purpose operation's board of directors. I hereby accept the appropriate of the purpose operation of the purpose operation of the purpose of t	of changing its registered sintment as registered
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	CTVP	XXDELETE	1.1 TITLE	President&&Director	X Change X Addition
NAME	FREY, CHARLES C		1.2 NAME	L. Steven Miller	
STREET ADDRESS	ATAL BABIL OFFICER OR		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP	ORALNDO FL 32835		1.4 CITY-ST-ZIP	Orlando, FL 32835	
TITLE	SVP	□ X 3€LETE	2.1 TITLE	Treasurer & Director	XEX Change XEX Addition
NAME	GIANNONI, GENEVIEVE	AA	2.2 NAME	Richard Goodman	AA AA
STREET ADDRESS	1781 PARK CENTER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		2. 4 CITY-ST-ZIP	Orlando, FL 32835	. 1
TITLE	CS	XXDELETE	3.1 TITLE	Secretary & Director	Change Addition
NAME ·	STEVEN Ç KENNINGER	ΛΛ	3.2 NAME	Thomas A. Bell	^^ ^^
STREET ADDRESS	FARE IN OFFICE USA SILES AND	a war a war a	3.3 STREET ADDRESS	1781 Park Center Drive	
CITY-ST-ZIP	LOS ANGELES CA		3.4. CITY-ST-ZIP	Orlando El 33935	
TITLE	AVP	XX DELETE	4.1 TITLE	Orlando, FL 32835	Change Addition
NAME	PITTILLO BOBBY		4. 2 NAME		
STREET ADDRESS	1781 PARK CENTER DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32835		4.4 CITY-ST-ZIP		
TITLE	AVP	XX DELETE	5.1 TशिLE		☐ Change ☐ Addition \
NAME	ANN COHEN	1111	5.2 NAME		
STREET ADDRESS	1781 PARK CENTER DR		5.3 STREET ADDRESS	5	
CITY-ST-ZIP	ORLANDO FL 32835		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		ì

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 suppliemental 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.

Thomas A. Bell (407) 532–1000

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS