

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000002676 (3)**

1. Corporation Name

KGI PORT ROYAL, INC.



Principal Place of Business

**911 WILSHIRE BLVD
SUITE 2150
LOS ANGELES CA 90017**

Mailing Address

**911 WILSHIRE BLVD
SUITE 2150
LOS ANGELES CA 90017**

2. Principal Place of Business

2a. Mailing Address

21 **26** **12016 Turtle Cay Circle**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
28 **Orlando, FL**

23 Zip Country

29 **32836** **30** **US**

9. Name and Address of Current Registered Agent

GIANNONI, GENEVIEVE
12016 TREASURE CAY CIRCLE
ORLANDO FL 32836

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

4. FET Number

57-0982616

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

12016 Turtle Cay Circle

83.

84. City

Orlando

FL

85. Zip Code

32836

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 **GENEVIEVE GIANNONI**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when not a director)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☐ DELETE
NAME **KANEKO, OSAMU**
STREET ADDRESS **911 WILSHIRE BLVD, SUITE 2150** **2250**
CITY-ST-ZIP **LOS ANGELES CA 90017**

TITLE **PD** ☐ DELETE
NAME **KENNINGER, STEVEN C**
STREET ADDRESS **911 WILSHIRE BLVD, SUITE 2150** **2250**
CITY-ST-ZIP **LOS ANGELES CA 90017**

TITLE **337D** ☐ DELETE
NAME **SMITH, THOMAS M**
STREET ADDRESS **911 WILSHIRE BLVD, SUITE 2150** **2250**
CITY-ST-ZIP **LOS ANGELES CA 90017**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001750054
-03/19/96--01143--018
*****200.00**

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)(c), 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:

Thomas M. Smith

Thomas M. Smith

(407) 238-2232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Typed Name

CR2E034 (12/95)