

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

FILED

Jul 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L62522 (2)  
1. Corporation Name  
KGFL PARK HOTEL CORP.



Principal Place of Business 13925 58 ST N SUITE 350 CLEARWATER FL 34620 33760 US	Mailing Address 13925 58 ST N CLEARWATER FL 34620 33760 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/03/1990	
21		26		4. FEI Number 59-3001379	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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	

9. Name and Address of Current Registered Agent ASSIES, BERNHARD 13925 58 ST N CLEARWATER FL 34620		10. Name and Address of New Registered Agent 81 Name WOHLWEND, BETH 82 Street Address (P.O. Box Number is Not Acceptable) 13925 58TH ST. N. 83 84 City CLEARWATER FL 85 Zip Code 33760	
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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 provisions of, Sections 607.0505, Florida Statutes.

SIGNATURE *B. Wohlwend* DATE 6/17/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RADTKE, HH 13925 58 ST N CLEARWATER FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HAY, DOUGLAS 13925 58 ST N CLEARWATER FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASSIES, BERNHARD 13925 58 ST N CLEARWATER FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T WOHLWEND, BETH 13925 58TH ST N CLEARWATER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REICHERT, LOTHAR F 13925 58 ST N CLEARWATER FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S O'KEEFE, M. J. 13925 58TH ST. N CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SLOVACEK, MARVIN 13925 58 ST N CLEARWATER FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition AS HUMPHRIES, J. BOB 501 E. KENNEDY, STE 1700 TAMPA, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600002583426 -07/08/98--01091--022 ***158.75 18 7-8

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, upon an attachment with an address.

SIGNATURE: *B. Wohlwend* B. WOHLWEND 4/28/98 54-4833

CR2E034 (10/97)