**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P03039 1. Corporation Name

KENNEDY-WILSON FLORIDA MANAGEMENT INC.

Principal Place of Business								
180 N LASALLE ST CHICAGO IL 60601-2501								
CHICAGO IL 60001-2301								

Mailing Address

C/O GAIN CARRY

180 N LASALLE ST. STE 3400

CHICAGO IL 60601

## **FILED** Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90090 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

US					3. Date Incorporated or Qualifed 08/14/1984					
2. Principal Place of Business 2a. Mailing Address Clo Gail Santi Ipp					1:000			I A	pplied For	
		26 900 N. Michigan Ave.				36-3322592		-	ot Applicable	
Suite, Apt.	1. Michigan Avenue	Suite, Apt. #, etc.							Additional	
Suit	e 1800	27 Suite 1800				5. Certificate of Status Desired			equired- ~ -	
City & State	<del>-</del>	City & State				6. Election Campaign Financing		\$5.00	May Be	
3 Chic	hicago IL 28 Chicago 1L					Trust Fund Contribution Added to Fees				
Zip Country Zip Country 29 606 11 30				y		8. This corporation owes the curr	ent year Inta		_	
				1.5.4	· .]	Personal Property Tax.	☐ Yes	□No		
	9. Name and Address of Current	Registered Agent		·		10. Name and Address of New F	Registered /	Agent		
				81 Name						
CT CORPORATION SYSTEM				82 Street Address (P.O. Box Number is Not Acceptable)						
1200 S PINE ISLAND RD										
PLANTATION FL 33324				3						
			8.	4 City				85 Zip	Code	
				1			<u>FL</u>			
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named	corpor	ation submits this statement for the	purpose of	changing it	s registered	
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	Florida. Such change was autons of, Section 607.0505. Florid	norized b da Statute	y the corpo s.	pration.	s board of directors. I hereby accep	it trie appoir	ilinent as n	egistereu	
	Wildiam War, and doope are obligated					·				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	Registered Ag	ent signature r	equired w	vhen reinstating)	DATE			
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE		D .	liam J. McMorrou	J	Change	Addition .	
NAME	WACHSNER, TERRY 1.2 N				_	A TICKICE ISIN	C4 ·			
STREET ADDRESS	s 9601 WILSHIRE BLVD 1.3 ST			ET ADDRESS	76	everly Hills, CA	9020	^	•	
CITY-ST-ZIP				ST-ZIP	R	everly Hills, Ch	7001			
TITLE	DC	☐ DELETE	2.1 TITLE		TO	A 1 10		Change	☐ Addition	
NAME	SCHLESINGER, BARRY		2.2 NAME		Fre	eman A. Lyle of Wilshire Blud				
STREET ADDRESS	9601 WILSHIRE BLVD		2.3 STRE	ET ADDRESS	96	of Wilshire Of	3			
CITY-ST-ZIP	BEVERLY HILLS CA 90210	,	2.4 CITY	ST-ZIP	Be	verly Hills CA	1.0210			
TITLE	D	DELETE	3.1 TITLE			•		Change	☐ Addition	
NAME	SMITH, ROGER E. 32N			:						
STREET ADDRESS	400 ALLACALIE OT			ET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60601			ST-ZIP	L			<u></u> .		
TITLE	VPT	DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME	TYSON, JOSEPH B	* *	4. 2 NAM	E						
STREET ADDRESS	180 N. LASALLE ST.		4.3 STRE	ET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60601	,	4.4 CITY-	ST-ZIP			. 1			
TITLE	D	DELETE	5.1 TITLE					Change	☐ Addition	
NAME	KATZ, STUART C.	-	5.2 NAME	.						
STREET ADDRESS	180 N LASALLE ST		5.3 STRE	ET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60601		5.4 CITY-	ST-ZIP						
TITLE	MPS D	☐ DELETE	6.1 TITLE			<u> </u>		Change	<ul> <li>Addition</li> </ul>	
NAME	ZIMMERMAN, TONY		6.2 NAME			•	•	•		
STREET ADDRESS	900 N. MICHIGAN AVE.		6.3 STRE	ET ADORESS						
CITY-ST-ZIP	CHICAGO IL 60610		6.4 CITY-	ST-ZIP						
OUT-SI-TIE	331 140 IL 00010									

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