10/05/99 TUE 17:24 FAX 3053747159 WGM LLP 002

09/21/99 16:16 8505211010 CSC TALLAHASSEE 002/003

FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00 + 8.75 = $558.75

FILED

99 OCT -7 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT/ **1999 REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000078179

1. Corporation Name: Flagler Court, Inc.

REINSTATEMENT 98-99

Principal Place of Business	Mailing Address
c/o United Corporate Services 801 Northeast 167 Street, Ste 300 North Miami Beach, FL 33162	

3. Date Incorporated or Qualified: 9/9/98

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

4. FEI Number: 65-0890227 — 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 owes the current year intangible Personal Property Tax. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City FL 95 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: Deborah D. Skipper — Deborah D. Skipper as its agent — DATE: 10-7-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/P WILLIAM T. CAHILL 599 LEXINGTON AVENUE NEW YORK, NY 10043 ☐ DELETE	13.1 TITLE / 13.2 NAME / 13.3 STREET ADDRESS / 13.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP/S WILLIAM HERMAN 599 LEXINGTON AVENUE NEW YORK, NY 10043 ☐ DELETE	8.1 TITLE / 8.2 NAME / 8.3 STREET ADDRESS / 8.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/AS ROBERT P. MILLER 500 WEST MADISON ST CHICAGO, IL 60661 ☐ DELETE	9.1 TITLE / 9.2 NAME / 9.3 STREET ADDRESS / 9.4 CITY-ST-ZIP	☐ Change ☐ Addition 100003018681--0 -10/19/99--01067--022 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS PAUL E. CHRONIS 599 LEXINGTON AVE NEW YORK, NY 10043 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition 100003018681--0 -10/19/99--01067--023 ****558.75 ****558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: William T. Cahill — 10/06/99

CHAIRMAN AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — DATE — Daytime Phone #