

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



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

PROFIT CORPORATION
ANNUAL REPORT
1996

DOCUMENT # **F94000003165 (7)**

1. Corporation Name
KGI GRAND BEACH INVESTMENTS, INC.



Principal Place of Business
**SUITE 2150
911 WILSHIRE BLVD
LOS ANGELES CA 90017**

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

3. Date Incorporated or Qualified **06/16/1994** 3a. Date of Last Report **04/12/1995**

4. FEI Number **95-4473298** 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 **12016 Turtle Cay Circle**
23 City & State
24 **Orlando, Florida**
25 Zip
26 **32836**
27 Country
28 **U.S.**

9. Name and Address of Current Registered Agent
**GIANNONI, GENEVIEVE
8651 TREASURE CAY LANE
LAKE BUENA VISTA FL 32836**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
Legal Administration
83 **12016 Turtle Cay Circle**
84 City **Orlando** FL 85 Zip Code **32836**

11. Pursuant to the provisions of Sections 607.0802 and 607.108, 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 *[Signature]* DATE **3/28/96**

12. OFFICERS AND DIRECTORS

TITLE	PVC	<input checked="" type="checkbox"/> DELETE
NAME	KENNINGER, STEVEN C	
STREET ADDRESS	911 WILSHIRE BLVD. 2150	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FLANNES, MARTY	
STREET ADDRESS	911 WILSHIRE BLVD. 2150	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, THOMAS M	
STREET ADDRESS	911 WILSHIRE BLVD. 2150	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KANEKO, OSAMU	
STREET ADDRESS	911 WILSHIRE BLVD. 2150	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LEVIN, TIM D	
STREET ADDRESS	911 HILLSHIRE BLVD 2150	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Charles C. Frey	
13 STREET ADDRESS	12016 Turtle Cay Circle	
14 CITY-ST-ZIP	Orlando, Florida 32836	
21 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Genevieve Giannoni	
23 STREET ADDRESS	12016 Turtle Cay Circle	
24 CITY-ST-ZIP	Orlando, Florida 32836	
31 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Charles T. Lynch	
33 STREET ADDRESS	12016 Turtle Cay Circle	
34 CITY-ST-ZIP	Orlando, Florida 32836	
41 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Robert Sanchez	
43 STREET ADDRESS	12016 Turtle Cay Circle	
44 CITY-ST-ZIP	Orlando, Florida 32836	
51 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Pamela L. Myers-Cross	
53 STREET ADDRESS	12016 Turtle Cay Circle	
54 CITY-ST-ZIP	Orlando, Florida 32836	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

**100001788411
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in this annual report or supplementary 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, changed, or as an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles C. Frey, Vice President

DATE **2/7/96** DIAL
PHONE # **238-2232**

CR2E034 (12/95)

4-20-1996