

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

**FILED**  
**Mar 31, 1999 8:00 am**  
**Secretary of State**

03-31-1999 90063 047 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003165**

1. Corporation Name  
**KGI GRAND BEACH INVESTMENTS, INC.**

Principal Place of Business <del>5333 W CENTURY BLVD</del> <del>LOS ANGELES CA 90077</del> <del>USX</del>	Mailing Address 1781 PARK CENTER DR LEGAL ADMINISTRATION ORLANDO FL 32835 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1781 Park Center Dr. Suite, Apt. #, etc. 22 City & State 23 Orlando, FL Zip Country 24 32835 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 06/16/1994	Applied For Not Applicable
4. FEI Number 95-4473298	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND RD.**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CTVP	<input checked="" type="checkbox"/> DELETE
NAME	FREY, CHARLES C	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	GIANNONI, GENEVIEVE	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	STEVEN C KENNINGER	
STREET ADDRESS	5933 W CENTURY BLVD 210	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	PITILLO BOBBY	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	ANN COHEN	
STREET ADDRESS	1781 PARK CENTER DR	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Steven Miller	
1.3 STREET ADDRESS	1781 Park Center Drive	
1.4 CITY-ST-ZIP	Orlando, FL 32835	
2.1 TITLE	Treasurer & Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard Goodman	
2.3 STREET ADDRESS	1781 Park Center Drive	
2.4 CITY-ST-ZIP	Orlando, FL 32835	
3.1 TITLE	Secretary & Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas A. Bell	
3.3 STREET ADDRESS	1781 Park Center Drive	
3.4 CITY-ST-ZIP	Orlando, FL 32835	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *Thomas A. Bell* Thomas A. Bell (407) 532-1000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 3/31/99 Daytime Phone #

CR2E034 (1/198)