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DUPLICATE

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F97000003361

1. Corporation Name
OSCEOLA SUITES MANAGEMENT CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% MORGENS. WATERFALL. VINTIADIS & CO., INC **% MORGENS. WATERFALL. VINTIADIS & CO., INC**
10 EAST 50TH STREET 26TH FLOOR **10 EAST 50TH STREET 26TH FLOOR**
NEW YORK NY 10022 **NEW YORK NY 10022**

3. Date Incorporated or Qualified
06/27/1997

4. FEI Number **13-3953003** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **PD LEVINSON, DANIEL M**
 STREET ADDRESS **10 E 50TH ST, 26TH FL**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE DELETE
 NAME **SDT KUDISCH, GREG**
 STREET ADDRESS **% 10 EAST 50TH STREET, 26TH FLOOR**
 CITY-ST-ZIP **NEW YORK NY 10022**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
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 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
Vice President
Jocann M. W. ff
10 E 50th St, 26th Fl
NY, NY 10022

2.1 TITLE Change Addition
Treasurer
STEPHEN ENQUIST
10 E 50th St, 26th Fl
NY, NY 10022

3.1 TITLE Change Addition

4.1 TITLE Change Addition

5.1 TITLE Change Addition

6.1 TITLE 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: *Stephen Enquist* **2/16/99** **207050507**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)