

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

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Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90009 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L27372

1. Corporation Name
PBG HOSPITALITY MANAGEMENT, INC.



Principal Place of Business % ADRIAN RADDER % MARRIOTT HOTEL - 4670 SALISBURY ROAD JACKSONVILLE FL	Mailing Address % ADRIAN RADDER % MARRIOTT HOTEL - 4670 SALISBURY ROAD JACKSONVILLE FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 PBG Marriott		2a. Mailing Address 26 PBG - Marriott		3. Date Incorporated or Qualified 11/03/1989	
Suite, Apt. #, etc. 22 4000 RCA Blvd		Suite, Apt. #, etc. 27 4000 RCA Blvd		4. FEI Number 65-0148209	
City & State 23 Palm Beach Gardens, FL		City & State 28 Palm Beach Gardens, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33410		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RADDER, ADRIAN
% MARRIOTT HOTEL
4670 SALISBURY ROAD
JACKSONVILLE FL

10. Name and Address of New Registered Agent

81 Name Bill Upshaw	82 Street Address (P.O. Box Number is Not Acceptable) 4000 RCA Blvd
83	
84 City Palm Beach Gardens	85 Zip Code FL 33410

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 and hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Bill Upshaw* DATE: 3/15/99

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

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURBIN, DAVID	
STREET ADDRESS	1420 BEVERLY ROAD, #330	
CITY-ST-ZIP	MCLEAN VA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BAKER, TOM	
STREET ADDRESS	1420 BEVERLY RD. # 330	
CITY-ST-ZIP	MCLEAN VA	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ANDREWS, MICHAEL	
STREET ADDRESS	1420 BEVERLY RD. # 330	
CITY-ST-ZIP	MCLEAN VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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: *Michael Andrew* DATE: 3/15/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E(24) (11/98)