

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

APPROVED
AND
FILED

1996 JUN -4 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004606 (9)

1. Corporation Name

JACKSONVILLE PT HOTEL CORPORATION

Principal Place of Business

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900

Mailing Address

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD CT 06904-7900

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
26 C/O BEIC R/E Tax Dept.
27 Suite, Apt. #, etc.
28 P.O. Box 120073
29 City & State
30 Stamford, CT
31 Zip
32 06912-0073
33 Country
34 USA

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
01/24/1995

4. FEI Number
06-1405146

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CVS
STRONE, MICHAEL J
3003 SUMMER STREET
STAMFORD SQUARE CT 06904-7900

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
T
Dwyer, Patrick F
3003 Summer Street
Stamford, CT 06904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WIEDERECHT, DAVID W
3003 SUMMER STREET
STAMFORD SQUARE CT 06904-7900

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition
100000123456789
-06/04/95-0130-040
***200.00 ***200.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
LEVANTI, STEPHEN J
3003 SUMMER STREET
STAMFORD SQUARE CT 06904-7900

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
V
Levanti, Stephen J
3003 Summer Street
Stamford, CT 06904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
Change Addition
100000123456789
-06/04/95-0130-040
***200.00 ***200.00

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Michael J. Strone

5/30/96

(203) 326-2300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)