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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F94000004606

1. Corporation Name  
JACKSONVILLE PT HOTEL CORPORATION

Principal Place of Business

3003 SUMMER ST.  
STAMFORD SQUARE  
STAMFORD CT 06904-7900

Mailing Address

C/O GEIC R/E TAX DEPT  
P.O. BOX 120073  
STAMFORD CT 06912-0073

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current 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 of the registered agent and the applicable

(Note: Registered Agent Signature Required when Incorporating)

12. OFFICERS AND DIRECTORS

TITLE DVS  
NAME STRONE, MICHAEL J  
STREET ADDRESS 3003 SUMMER STREET  
CITY-STATE-ZIP STAMFORD CT 06904

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

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

TITLE V  
NAME ZALUCKI, ROBERT  
STREET ADDRESS 3003 SUMMER STREET  
CITY-STATE-ZIP STAMFORD CT 06904

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME [ ] Change [ ] Addition

13 STREET ADDRESS [ ] Change [ ] Addition

14 CITY-STATE-ZIP [ ] Change [ ] Addition

21 TITLE [ ] Change [ ] Addition

22 NAME [ ] Change [ ] Addition

23 STREET ADDRESS [ ] Change [ ] Addition

24 CITY-STATE-ZIP [ ] Change [ ] Addition

31 TITLE [ ] Change [ ] Addition

32 NAME [ ] Change [ ] Addition

33 STREET ADDRESS [ ] Change [ ] Addition

34 CITY-STATE-ZIP [ ] Change [ ] Addition

41 TITLE [ ] Change [ ] Addition

42 NAME [ ] Change [ ] Addition

43 STREET ADDRESS [ ] Change [ ] Addition

44 CITY-STATE-ZIP [ ] Change [ ] Addition

51 TITLE [ ] Change [ ] Addition

52 NAME [ ] Change [ ] Addition

53 STREET ADDRESS [ ] Change [ ] Addition

54 CITY-STATE-ZIP [ ] Change [ ] Addition

61 TITLE [ ] Change [ ] Addition

62 NAME [ ] Change [ ] Addition

63 STREET ADDRESS [ ] Change [ ] Addition

64 CITY-STATE-ZIP [ ] Change [ ] Addition

14. I hereby certify that the information furnished 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 as an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Strone 4-27-99 203/326-2300

FILED

99 APR 30 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

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 owes the current year Intangible  
Personal Property Tax [ ] Yes [ ] No

10. Name and Address of New Registered Agent

4-30-99  
DATE

0002011

CR2E034 (11/98)



ACCOUNT NO. : 072100000032

REFERENCE : 221420 8630A

AUTHORIZATION :

COST LIMIT : \$ 150.00

*Patricia Pijuta*

ORDER DATE : April 28, 1999

ORDER TIME : 11:24 AM

ORDER NO. : 221420-010

CUSTOMER NO: 8630A

CUSTOMER: Mr. Fund Gept  
Ge Investment Co. (real Estate  
Registered Agent Department  
1013 Centre Road  
Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: JACKSONVILLE PT HOTEL  
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

*[Handwritten signature/initials]*

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