

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JAN 15 PM 12:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000001256 (5)
1. Corporation Name
COCONUT GROVE PT HOTEL CORPORATION

Principal Place of Business: **3003 SUMMER ST. STAMFORD SQUARE STAMFORD CT 06904-7800**
Mailing Address: **C/O GEIC R/E TAX DEPT P.O. BOX 120073 STAMFORD CT 06912-0073**

3. Date Incorporated or Qualified: **03/16/1995**
4. FEI Number: **06-1419025**
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYES ST.
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	WIEDERECHE, DAVID W	
STREET ADDRESS	3003 SUMMER ST.	
CITY-ST-ZIP	STAMFORD CT 06904-7800	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STRONE, MICHAEL J	
STREET ADDRESS	3003 SUMMER ST.	
CITY-ST-ZIP	STAMFORD CT 06904-7800	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LEVANTI, STEPHEN J	
STREET ADDRESS	3003 SUMMER ST.	
CITY-ST-ZIP	STAMFORD CT 06904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZALUCKI, ROBERT	
STREET ADDRESS	3003 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06904	
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	100002401651--0
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.

CR2E034 (10/97)

Handwritten initials/signature



ACCOUNT NO. : 072100000032
 REFERENCE : 667829 8630A
 AUTHORIZATION : *Patricia Pijet*
 COST LIMIT : \$ 150.00

ORDER DATE : January 13, 1998
 ORDER TIME : 10:38 AM
 ORDER NO. : 667829-015
 CUSTOMER NO: 8630A
 CUSTOMER: Mr. Fund Gept
 Ge Investment Co.
 Registered Agent Department
 1013 Centre Road
 Wilmington, DE 19805

ANNUAL REPORT FILING

NAME: COCONUT GROVE 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: ~~Janis M. Smith~~ **DAS**

EXAMINER'S INITIALS: _____

RECEIVED
 98 JAN 15 PM 12:34
 DIVISION OF CORPORATION