

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M99342** (1)

1. Corporation Name
PTG-FLORIDA, INC.



Principal Place of Business: **100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095**
Mailing Address: **100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095**

3. Date Incorporated or Qualified: **09/20/1988**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **58-1812340**
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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

**GOODSTONE, DEBRA W ESQ
ZACK, HANZMAN, PONCE & TUCKER
100 S.E. 2ND STREET, SUITE 2800
MIAMI FL 33131**

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	ZEIGER, SCOTT
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	YOUNG, GEORGIANA
STREET ADDRESS	100 S. BISCAYNE BLVD., #1200
CITY-ST-ZIP	MIAMI FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BECKER, ALLEN J.
STREET ADDRESS	515 POST OAK BLVD. #300
CITY-ST-ZIP	HOUSTON TX
TITLE	VT <input type="checkbox"/> DELETE
NAME	ZLOTNIK, ROBERT S
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
TITLE	S <input type="checkbox"/> DELETE
NAME	LEWIS, JEFFRY B
STREET ADDRESS	515 POST OAK BLVD., #300
CITY-ST-ZIP	HOUSTON TX
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 checked="" type="checkbox"/> Addition
6.2 NAME	C
6.3 STREET ADDRESS	MILES WILKIN
6.4 CITY-ST-ZIP	515 POST OAK BLVD., #300 HOUSTON TX

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: _____ **6/19/96** **713 439-5761**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Daytime Phone #)

CR2E034 (12/95)