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**Mar 26 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2096
100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33131-2028

3. Date Incorporated or Qualified **09/20/1988** 3a. Date of Last Report **05/01/1996**
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 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 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 _____ DATE _____
Signature of the person who is changing the registered agent or registered office. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEIGER, SCOTT	12 NAME	
STREET ADDRESS	515 POST OAK BLVD., #300	13 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	14 CITY, ST, ZIP	
TITLE	C <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES WILKIN	22 NAME	
STREET ADDRESS	515 POST OAK BLVD #300	23 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	24 CITY, ST, ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, ALLEN J.	32 NAME	
STREET ADDRESS	515 POST OAK BLVD. #300	33 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	34 CITY, ST, ZIP	
TITLE	VT <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZLOTNIK, ROBERT S	42 NAME	
STREET ADDRESS	515 POST OAK BLVD., #300	43 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	44 CITY, ST, ZIP	
TITLE	S <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, JEFFRY B	52 NAME	
STREET ADDRESS	515 POST OAK BLVD., #300	53 STREET ADDRESS	
CITY, ST, ZIP	HOUSTON TX	54 CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 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: _____ **2-20-97** **713-693-8600**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Yr

CR2E034 (9/96)