

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

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # M99342 (1)**  
1. Corporation Name  
**PTG-FLORIDA, INC.**



Principal Place of Business <b>100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095</b>	Mailing Address <b>100 S. BISCAYNE BLVD. SUITE 1200 MIAMI FL 33133-2095</b>
--	--

DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>09/20/1988</b>	
<b>4.</b> FEI Number <b>58-1812340</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <i>N/A</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b> <b>85</b> 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ZEIGER, SCOTT</b>	
STREET ADDRESS	<b>515 POST OAK BLVD., #300</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MILES WILKIN</b>	
STREET ADDRESS	<b>515 POST OAK BLVD #300</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKER, ALLEN J.</b>	
STREET ADDRESS	<b>515 POST OAK BLVD. #300</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>ZLOTNIK, ROBERT S</b>	
STREET ADDRESS	<b>515 POST OAK BLVD., #300</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, JEFFRY B</b>	
STREET ADDRESS	<b>515 POST OAK BLVD., #300</b>	
CITY-ST-ZIP	<b>HOUSTON TX</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>BECKER, BRIAN</b>	
1.3 STREET ADDRESS	<b>515 POST OAK BLVD., STE 300</b>	
1.4 CITY-ST-ZIP	<b>HOUSTON, TX 77027</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT F. X. SILLERMAN</b>	
2.3 STREET ADDRESS	<b>650 MADISON AVENUE</b>	
2.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
3.1 TITLE	<b>D/V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>HOWARD J. TYTEL</b>	
3.3 STREET ADDRESS	<b>650 MADISON AVENUE</b>	
3.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MICHAEL G. FERREL</b>	
4.3 STREET ADDRESS	<b>650 MADISON AVENUE</b>	
4.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
5.1 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>THOMAS P. BENSON</b>	
5.3 STREET ADDRESS	<b>650 MADISON AVENUE</b>	
5.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	
6.1 TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>RICHARD A. LIESE</b>	
6.3 STREET ADDRESS	<b>650 MADISON AVENUE</b>	
6.4 CITY-ST-ZIP	<b>NEW YORK, NY 10022</b>	

**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.

**SIGNATURE** \_\_\_\_\_

4/13/98

CR2E034 (10/97)