

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90066 028 ***150.00

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P08179** (4)
1. Corporation Name
PRIME HOSPITALITY CORP.

| | |
|--|---|
| Principal Place of Business C/O PRIME HOSPITALITY CORP 700 ROUTE 46 EAST FAIRFIELD NJ 07004 US | Mailing Address 700 ROUTE 46 EAST FAIRFIELD NJ 07004 US |
|--|---|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1985

4. FEI Number

22-2640625

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 | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 11 TITLE | President & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ELWOOD, JOHN | 12 NAME | Attilio F. Petrocelli |
| STREET ADDRESS | 700 ROUTE 46 EAST | 13 STREET ADDRESS | 700 Rt. 46 E. |
| CITY-ST-ZIP | FAIRFIELD NJ | 14 CITY-ST-ZIP | Fairfield, NJ 07004 |
| TITLE | VPS <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERNARDINO, JOSEPH | 22 NAME | |
| STREET ADDRESS | 700 ROUTE 46 EAST | 23 STREET ADDRESS | |
| CITY-ST-ZIP | FAIRFIELD NJ | 24 CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> DELETE | 31 TITLE | V.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICARI, DOUGLAS | 32 NAME | Douglas Vicari |
| STREET ADDRESS | 700 ROUTE 46 EAST | 33 STREET ADDRESS | 700 Rt. 46 E. |
| CITY-ST-ZIP | FAIRFIELD NJ | 34 CITY-ST-ZIP | Fairfield, NJ 07004 |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 41 TITLE | V.P. & Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SIMON, DAVID | 42 NAME | Richard Szymanski |
| STREET ADDRESS | 700 ROUTE 46 EAST | 43 STREET ADDRESS | 700 Rt. 46 E. |
| CITY-ST-ZIP | FAIRFIELD NJ | 44 CITY-ST-ZIP | Fairfield, NJ 07004 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 submitted with this filing 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 employed 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 only as appointment with no change.

SIGNATURE: By: **X** **Joseph Bernadino, Sr. V.P.** 4/12/99 373-882-1010