

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90036 014 ***150.00

DOCUMENT # P09047

1. Corporation Name

INTERCONTINENTAL FLORIDA OPERATING CORP.

Principal Place of Business

1120 AVENUE OF THE AMERICAS #19
NEW YORK NY 10036

Mailing Address

1120 AVENUE OF THE AMERICAS #19
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/10/1986

4. FEI Number
13-3311855

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 the current year Intangible
Personal Property Tax. ☒ Yes ☒ No

2. Principal Place of Business

21 3 Ravinia Drive
Suite, Apt. #, etc.

22 Suite 2900

City & State

23 Atlanta, GA

Zip Country

24 30346

25

2a. Mailing Address

26 3 Ravinia Drive
Suite, Apt. #, etc.

27 Suite 2900

City & State

28 Atlanta, GA

Zip Country

29 30346

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE V ☒ DELETE
NAME TIBBS, JOHN J.
STREET ADDRESS 1120 AVE. OF THE AMERICAS, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

TITLE D ☒ DELETE
NAME KUHLMAN, J.T.
STREET ADDRESS 1120 AVENUE OF THE AMERICAS 19TH FLOOR
CITY-ST-ZIP NEW YORK NY

TITLE S ☐ DELETE
NAME MEYER, BARBARA
STREET ADDRESS 1120 AVE. OF THE AMERICAS, 19TH FLOOR
CITY-ST-ZIP NEW YORK NY 10036

TITLE D ☒ DELETE
NAME PEELLEN, FRED G
STREET ADDRESS 1120 AVENUE OF THE AMERICAS #19
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition
1.2 NAME Frank van der Post
1.3 STREET ADDRESS 3 Ravinia Drive, Suite 2900
1.4 CITY-ST-ZIP Atlanta, GA 30346

2.1 TITLE V ☐ Change ☒ Addition
2.2 NAME John Crawford
2.3 STREET ADDRESS 3 Ravinia Drive, Suite 2900
2.4 CITY-ST-ZIP Atlanta, GA 30346

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Thomas R. Oliver
4.3 STREET ADDRESS 3 Ravinia Drive, Suite 2900
4.4 CITY-ST-ZIP Atlanta, GA 30346

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Barbara Meyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99
Date

770-604-2000
Daytime Phone #

CR2E034 (11/98)