

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
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90120 048 ***150.00

DOCUMENT # P38622

1. Corporation Name

SHERATON KEY WEST, INC.

Principal Place of Business

C/O ITT CORPORATION
1330 AVE. OF THE AMERICAS
NEW YORK NY 02109
US

Mailing Address

C/O ITT CORP.
1330 AVE. OF THE AMERICAS
NEW YORK NY 02109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1992

4. FEI Number

31-0668033

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

21 777 WESTCHESTER AVE

2a. Mailing Address

26 2231 E CAMELBACK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WHITE PLAINS NY

City & State

28 PHOENIX AZ

Zip

Country

Zip

Country

24 10604

25

USA

29 85016

30

USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 D ☒ DELETE
NAME BROKAW, ROBERT W.
STREET ADDRESS 60 STATE ST
CITY-ST-ZIP BOSTON MA 02109

TITLE DS ☒ DELETE
NAME LATHAM, JAMES D.
STREET ADDRESS 60 STATE STREET
CITY-ST-ZIP BOSTON MA

TITLE DVPT ☒ DELETE
NAME MANDELL, ANDREW J.
STREET ADDRESS 60 STATE ST
CITY-ST-ZIP BOSTON MA 02109

TITLE P ☒ DELETE
NAME WEADOCK, DANIEL P.
STREET ADDRESS 60 STATE ST
CITY-ST-ZIP BOSTON MA 02109

TITLE VP ☒ DELETE
NAME DURST, ALLAN J.
STREET ADDRESS 1330 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

TITLE AT ☒ DELETE
NAME MASTROIANNI, PAUL
STREET ADDRESS 1330 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE FRED KLEISNER-P ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 777 WESTCHESTER AVENUE
1.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

2.1 TITLE MARK ROZELLS-V/T ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400
2.4 CITY-ST-ZIP PHOENIX, AZ 85016

3.1 TITLE JAMES LATHAM-V/S ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS 777 WESTCHESTER AVENUE
3.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

4.1 TITLE PETER MORROW-AT ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400
4.4 CITY-ST-ZIP PHOENIX, AZ 85016

5.1 TITLE DAVID HUGHES-AT ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS 2231 E CAMELBACK RD, STE 400
5.4 CITY-ST-ZIP PHOENIX, AZ 85016

6.1 TITLE PETER ALPERT-AT ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS 777 WESTCHESTER AVENUE
6.4 CITY-ST-ZIP WHITE PLAINS, NY 10604

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 a full like empowered.

SIGNATURE:

PETER MORROW

PETER MORROW

4-20-99

402-852-3900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER: OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)