## 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

## DOCUMENT # P94000016803 1. Corporation Name

ST. MORITZ HOTEL CORP.

**FILED** Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90070 026 \*\*\*150.00



j					
Principal Place	of Business	Mailing Address			
667 MADISON A	AVENUE	655 MADISON AVENUE			
NEW YORK NY 10021-8087 TAX DEPT 5TH FLOOR					DO NOT WRITE IN THIS SPACE
		NEW YORK NY 10021-8043 US			3. Date Incorporated or Qualifed
		03			03/03/1994
2. Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
☐ 655 Madison			Aveni	ıe	65-0596579 Not Applicable
21   26   05   Had I still     Suite, Apt. #, etc.   Suite, Apt. #, etc.					\$8.75 Additional
- m- pa-t /1/			th F	lr.	5. Certificate of Status Desired Fee Required-
22   27   Tax Dept. / 141   City & State   City & State					6. Election Campaign Financing \$5.00 May Be
23	•	— ´	1 .		Trust Fund Contribution Added to Fees
Zip	Country	Zip Country			8. This corporation owes the current year Intangible
24	25	29 10021-804330	US	Δ	Personal Property Tax. ☐ Yes ☐ No
1	9. Name and Address of Curren			<b>-</b>	10. Name and Address of New Registered Agent
_			81	Name	<del></del>
PRENTICE HALL CORPORATION SYSTEM, INC.			82 Street Address (P.O. Box Number is Not Acceptable)		
	HAYS ST.		02 Street Address (F.O. Dux Nulliber is Not Acceptable)		
TALLAHASSEE FL 32301			83		
l			84	City	85 Zip Code
ĺ	1				FL   T
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.					
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. Lam familiar with and accept the obligations of Section 607.0505. Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: Regi	stered Ager	nt signature rec	quired when reinstating) DATE
12.			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TISCH, PRESTON R		1.2 NAME		
STREET ADDRESS	667 MADISON AVENUE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021-8087		1.4 CITY-S	T-ZIP	☐ Change ☐ Addition
TITLE	D	· —	2.1 TITLE		☐ Change ☐ Addition
NAME	ADLER, JACKS,		2.2 NAME		
STREET ADDRESS	667 MADISON AVENUE		2.3 STREE	TADORESS	
CITY-ST-ZIP	NEW YORK NY 10021		2, 4 CITY-5	T-ZIP	□ Charge □ Addition
TITLE	DP		3.1 TITLE		☐ Change ☐ Addition
NAME	TISCH, JONATHAN M		3.2 NAME		
STREET ADDRESS	667 MADISON AVENUE			T ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021-8087		3.4. CITY-5	T-ZIP	Chargo Claditio
TITLE	AT		4.1 TITLE		☐ Change ☐ Addition
NAME	DESMOND, DENIS		4.2 NAME	ļ	
STREET ADDRESS	655 MADISON AVENUE		4.3 STREE	TADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		4.4 CITY-S	T-ZIP	TI/C Change ∑XAddition
TITLE	VS		5.1 TITLE		V/ 5
NAME	HIRSCH, BARRY		5.2 NAME		Garson, Gary W.
STREET ADDRESS	655 MADISON AVENUE			TADDRESS	667 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10021		5.4 CiTY-S	T-ZIP	New York, NY 10021-8087
TITLE	T		6.1 TITLE		Change Addition
NAME	KENNY, JOHN		6.2 NAME		
STREET ADDRESS	655 MADISON AVENUE	1		TADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021		6.4 CITY-S	T-ZIP	

14. hereby certify that the information supplied with this filing does not quality fol the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #