

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JAMES B. MATHIAS
Secretary of State
TALLAHASSEE, FLORIDA 32399

**APPROVED
AND
FILED**

95 MAY -1 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857185** (3)
FISCHEBACH PROPERTIES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 7 HANOVER SQUARE, 10TH FLOOR, NEW YORK NY 10004
Mailing Address: 7 HANOVER SQUARE, 10TH FLOOR, NEW YORK NY 10004

3. Date of Incorporation or Qualification: 07/22/1983
3a. Date of Last Report: 04/19/1994
4. FID Number: 13-3136937
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 has liability for intangibles tax under s. 199.04, Florida Statutes: Yes No

2. Principal Place of Business: 21 2700 S. ZUNI STREET, State Apt # 104, ENGLEWOOD, CO 80110
2a. Mailing Address: 26 2700 S. ZUNI STREET, State Apt # 104, ENGLEWOOD, CO 80110
23. City & State: ENGLEWOOD, CO
24. City: 80110, State: CO

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 199.04(1), and 199.15(9), Florida Statutes, the above named corporation adopts this statement for the purpose of changing its registered office to the registered office or offices 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 the laws of the state of Florida, and I believe I am qualified to act as the registered agent for this corporation.

12. OFFICERS AND DIRECTORS

NAME	VPT GERBER, STEVEN	DELETE
STREET ADDRESS	7 HANOVER STREET	
CITY, STATE, ZIP	NEW YORK NY	
NAME	S POLAN, STEVEN	DELETE
STREET ADDRESS	7 HANOVER STREET	
CITY, STATE, ZIP	NEW YORK NY	
NAME	AS GIORDANO, DOLORES	DELETE
STREET ADDRESS	7 HANOVER STREET	
CITY, STATE, ZIP	NEW YORK NY	
NAME	D POLAN, STEVEN	DELETE
STREET ADDRESS	7 HANOVER STREET	
CITY, STATE, ZIP	NEW YORK NY	
NAME	D MOORE, PATRICIA	DELETE
STREET ADDRESS	7 HANOVER STREET	
CITY, STATE, ZIP	NEW YORK NY	
NAME	AS MATZEN, AMY L	
STREET ADDRESS	2775 SOUTH VALLEJO STREET	
CITY, STATE, ZIP	ENGLEWOOD CO	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN FL

13.1 NAME	P/T/DIRECTOR WILLIAM D. LANDRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 STREET ADDRESS	2700 S. ZUNI STREET	
13.3 CITY, STATE, ZIP	ENGLEWOOD, CO 80110	
13.4 NAME	VP/DIRECTOR GARY L. BROWN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.5 STREET ADDRESS	2700 S. ZUNI STREET	
13.6 CITY, STATE, ZIP	ENGLEWOOD, CO 80110	
13.7 NAME	DIRECTOR AUGUST S. TURTURRO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.8 STREET ADDRESS	2700 S. ZUNI STREET	
13.9 CITY, STATE, ZIP	ENGLEWOOD, CO 80110	
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS		
13.12 CITY, STATE, ZIP		
13.13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS		
13.15 CITY, STATE, ZIP		
13.16 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.17 STREET ADDRESS		
13.18 CITY, STATE, ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.04(1)(b), 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 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or an attachment with an address.

SIGNATURE: *Amy L. Matzen* AMY L. MATZEN, ASST. SEC. 4/27/95 (303) 761-0410
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR