

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 19 AM 1:06

DOCUMENT # F56549 (1)

1. Corporation Name

TISHMAN REALTY CORPORATION OF FLORIDA

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

**666 FIFTH AVE.
38TH FLOOR
NEW YORK NY 10103
US**

Mailing Address

**666 FIFTH AVE
38TH FLOOR
NEW YORK NY 10103
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/01/1981

5a. Date of Last Report

04/07/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

13-3094902

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**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 the if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SCHWARZWALDER, LARRY
NAME	666 FIFTH AVE
STREET ADDRESS	NEW YORK, NY 10103
CITY - ST - ZIP	
TITLE	S
NAME	KOTOUN, KATHLEEN
STREET ADDRESS	666 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	PCOO
NAME	VICKERS, JOHN
STREET ADDRESS	666 FIFTH AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	CEO
NAME	TISHMAN, JOHN L
STREET ADDRESS	666 FIFTH AVE
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	DSVP
NAME	TISHMAN, DANIEL
STREET ADDRESS	84 STATE STREET
CITY - ST - ZIP	BOSTON MA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D, EVP
5.3 STREET ADDRESS	Tishman Regie
5.4 CITY - ST - ZIP	84 State Street Boston, Mass 02109
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Larry Schwarzwald **LARRY SCHWARZWALDER**

4/1/95

212-399-8687

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #