

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:54

DOCUMENT # **P02962 (9)**
1. Corporation Name
SB PARTNERS REAL ESTATE CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
**1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104** **1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/08/1984 **02/04/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 666 Fifth Avenue	26 666 Fifth Avenue	13-2636431	Not Applicable
22 26th Floor	27 26th Floor	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 New York, NY	28 New York, NY	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 10103	25 USA	29 10103	30 USA
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREICKER, JOHN H.	1.2 NAME	
STREET ADDRESS	1290 AVE OF THE AMERICAS	1.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	N.Y. NY	1.4 CITY - ST - ZIP	New York, NY 10103
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERMAN, SUSAN T	2.2 NAME	
STREET ADDRESS	1290 AVE OF THE AMERICAS	2.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	N.Y. NY	2.4 CITY - ST - ZIP	New York, NY 10103
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, MILLIE C.	3.2 NAME	
STREET ADDRESS	1290 AVE OF THE AMERICAS	3.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	NY, NY	3.4 CITY - ST - ZIP	New York, NY 10103
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, DAVID W.	4.2 NAME	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	4.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	N.Y., N Y	4.4 CITY - ST - ZIP	New York, NY 10103
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, CHRISTINE C.	5.2 NAME	
STREET ADDRESS	1290 AVE OF THE AMERICAS	5.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	New York, NY 10103
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERGER, MICHAEL	6.2 NAME	
STREET ADDRESS	1290 AVENUE OF THE AMERICAS	6.3 STREET ADDRESS	666 Fifth Avenue
CITY - ST - ZIP	NEW YORK NY	6.4 CITY - ST - ZIP	New York, NY 10103

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 110.07(3)(b), Florida Statutes. I further certify that the information included 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, changed, or on an attachment with an addition.

SIGNATURE: Susan T. Worman Date: **1/16/95** (System Phone #) **212-408-2900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Susan T. Worman, Secretary