

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 AM 8:35

DOCUMENT # **P20020** (4)

1. Corporation Name  
**SENTINEL REALTY CORP. I**

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **07/12/1988**  
3a. Date of Last Report: **02/04/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	<b>666 Fifth Avenue</b>	26	<b>666 Fifth Avenue</b>	<b>13-3503418</b>		<input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
22	<b>26th Floor</b>	27	<b>26th Floor</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
City & State		City & State		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23	<b>New York, NY</b>	28	<b>New York, NY</b>				
24	Zip <b>10103</b>	25	Country <b>USA</b>	29	Zip <b>10103</b>	30	Country <b>USA</b>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

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 re-registering) DATE: \_\_\_\_\_

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan T. Werman 1/16/95 212-408-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (30in) (4in/line) (Form 8)  
**Susan T. Werman, Secretary**