

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P22132 (5)

1. Corporation Name  
**DRM FIVE REALTY CORPORATION**



Principal Place of Business Mailing Address  
**% DREYFUS REALTY ADVISORS, INC.  
1180 AVENUE OF THE AMERICAS 18TH FLOOR  
NEW YORK NY 10036-8401**

3. Date Incorporated or Qualified **12/15/1988** 3a. Date of Last Report **04/10/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **c/o DRA Advisors, Inc.** 26 **c/o DRA Advisors, Inc.**

4. FEI Number **59-2919884** Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  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**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	P	<input type="checkbox"/> DELETE
NAME	TANSEY, FRANCIS X.	
STREET ADDRESS	1180 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	KIRTCHEFF, ROBERT K	
STREET ADDRESS	1180 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LUSKI, DAVID	
STREET ADDRESS	1180 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	CADIGAN, THOMAS F.	
STREET ADDRESS	262 HARBOR DRIVE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLAIR, WILLIAM H.	
STREET ADDRESS	262 HARBOR DR	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VALENTINE, JOHN W.	
STREET ADDRESS	1211 AVE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	James F. Havin	
1.3 STREET ADDRESS	1180 Avenue of Americas	
1.4 CITY-ST-ZIP	New York, NY 10036	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Andrew E. Peltz	
2.3 STREET ADDRESS	1180 Avenue of Americas	
2.4 CITY-ST-ZIP	New York, NY 10036	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Caroline S. McBride	
3.3 STREET ADDRESS	3001 Summer Street	
3.4 CITY-ST-ZIP	Stamford, CT 06905	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Steven Goldmark	
4.3 STREET ADDRESS	3001 Summer Street	
4.4 CITY-ST-ZIP	Stamford, CT 06905	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* Davidhuski 4/12/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)