

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P40462** (4)
1. Corporation Name
BLDG ASSOCIATES, INC.



Principal Place of Business: **C/O BLDG MANAGEMENT CO. INC. 52 VANDERBILT AVENUE, SUITE 1600 NEW YORK NY 10017**
Mailing Address: **C/O BLDG MANAGEMENT CO. INC. 52 VANDERBILT AVENUE, SUITE 1600 NEW YORK NY 10017**

3. Date Incorporated or Qualified: **09/14/1992**
3a. Date of Last Report: **02/07/1995**
4. FEI Number: **13-3556368**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 **New York**
22 Suite, Apt #, etc.
23 City & State
24 Zip: 25 Country
2a. Mailing Address: 26
27 Suite, Apt #, etc.
28 City & State
29 Zip: 30 Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, LLOYD | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SONNENFELDT, MICHAEL | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, VICTORIA | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ISRAELOW, MARVIN | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, KATJA | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GOLDMAN, DORIAN | |
| STREET ADDRESS | %52 VANDERBILT AVE., 1600 | |
| CITY-ST-ZIP | NEW YORK NY | |

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 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 from my appointment with an address.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)