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 # **606097** **(4)**

1. Corporation Name

PHIPPS LAND COMPANY, INC.

Principal Place of Business	Mailing Address
3228 SW MARTIN DOWNS BLVD. STE. 201 PALM CITY FL 34990-2697	3228 SW MARTIN DOWNS BLVD PALM CITY FL 34990-2697 US

3. Date Incorporated or Qualified: **01/02/1979**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: **58-1079988** ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (Signature, Typed or Printed Name of Registered Agent and Title of Authorized Officer) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE		XX Change ☐ Addition
NAME	DAVIS, RICHARD R		1.2 NAME		
STREET ADDRESS	% 630 FIFTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	NEW YORK, NY 10111	
TITLE	VTD	XX DELETE	2.1 TITLE		XX Change ☐ Addition
NAME	WAIDE, PATRICK J JR		2.2 NAME		
STREET ADDRESS	% 630 FIFTH AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 00000		2.4 CITY-ST-ZIP	NEW YORK, NY 10111	
TITLE	AST	☐ DELETE	3.1 TITLE		XX Change ☐ Addition
NAME	RUHM, THOMAS F.		3.2 NAME		
STREET ADDRESS	% 630 FIFTH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 0		3.4 CITY-ST-ZIP	NEW YORK, NY 10111	
TITLE	PD	☐ DELETE	4.1 TITLE		XX Change ☐ Addition
NAME	WOODS, WARD W. JR.		4.2 NAME		
STREET ADDRESS	C/O 630 FIFTH AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	NEW YORK, NY 10111	
TITLE		☐ DELETE	5.1 TITLE	VPT	☐ Change X Addition
NAME			5.2 NAME	JOHN G. MACDONALD	
STREET ADDRESS			5.3 STREET ADDRESS	630 FIFTH AVENUE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10111	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: John G. MacDonald JOHN G. MACDONALD 4/24/96 (212) 708-9100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #