

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 034 ***158.75

DOCUMENT # F95000002623

1. Corporation Name

COOLIDGE - CENTRAL FLORIDA REALTY CORP.

Principal Place of Business

550 MAMARONECK AVE.
HARRISON NY 10528

Mailing Address

550 MAMARONECK AVE.
HARRISON NY 10528

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1995

4. FEI Number

13-3812040

Applied For

No: Applicable

5. Certificate of Status Desired

X

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

□ Yes

□ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

CALLAHAN, SCOTT
STUMP, STONEY & CALLAHAN, P.A.
28 E. WAHINGTON STREET
ORLANDO FL 32801

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	□ DELETE
NAME	ROSEN, MICHAEL	
STREET ADDRESS	550 MAMARONECK AVE.	
CITY-STATE-ZIP	HARRISON NY 10528	
TITLE	V	□ DELETE
NAME	CARDINALI, ALBERT J	
STREET ADDRESS	TWO WORLD TRADE CENTER, 39TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY 10048	
TITLE	S	□ DELETE
NAME	TIBURZI, ROBERT V JR	
STREET ADDRESS	455 CENTRAL PARK AVE.	
CITY-STATE-ZIP	SCARSDALE NY 10583	
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		□ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	□ Change	□ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE	□ Change	□ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	□ Change	□ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	□ Change	□ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	□ Change	□ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	□ Change	□ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)