

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 # 257802 (9)

1. Corporation Name

GUILFORD REALTY CO



Principal Place of Business

Mailing Address

~~C/O SAMUEL A. BRODNAX, JR.~~
201 SOUTH BISCAYNE BLVD., STE 2400
MIAMI FL 33131-9399

~~C/O SAMUEL A. BRODNAX, JR.~~
201 SOUTH BISCAYNE BLVD., STE 2400
MIAMI FL 33131-9399

c/o James W. Shindell

c/o James W. Shindell

3. Date Incorporated or Qualified
04/10/1962

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 201 So. Biscayne Blvd.

26 201 So. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2400

27 Suite 2400

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

Country

Country

24 33131

25 USA

29 33131

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~BRODNAX, SAMUEL A., JR.~~
201 SOUTH BISCAYNE BLVD
SUITE 2400
MIAMI FL 33131

81 Name
JAMES W. SHINDELL

82 Street Address (P.O. Box Number is Not Acceptable)
201 So. Biscayne Boulevard

83 Suite 2400

84 City
Miami

FL

85

Zip Code
33131

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

JAMES W. SHINDELL

4/19/96

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 PD
NAME BRODNAX, SAMUEL A JR
STREET ADDRESS 201 SO. BISCAYNE BV#2400
CITY-ST-ZIP MIAMI FL
☒ DELETE

1.1 TITLE P
12 NAME LEE, T.K.
13 STREET ADDRESS 145 E. 50 Street, Suite 6A
14 CITY-ST-ZIP New York, NY 10022
☒ Change ☐ Addition

TITLE VD
NAME LEE, T K
STREET ADDRESS 145 E 50 ST., RM 6A
CITY-ST-ZIP NEW YORK, NY 00000
☒ DELETE

2.1 TITLE V/S/T
22 NAME YOUNG, Sally W.
23 STREET ADDRESS 1050 NORTH POINT STREET, Apt. 801
24 CITY-ST-ZIP SAN FRANCISCO, C.A. 94109
☒ Change ☐ Addition

TITLE STD
NAME SHINDELL, JAMES W.
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP MIAMI FL
☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE V
NAME YOUNG, SALLY W.
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 1400
CITY-ST-ZIP MIAMI FL
☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
☐ Change ☐ Addition

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 in an Attachment with an address.

SIGNATURE:

T. K. Lee

4/19/96

(212) 308-1053

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)