

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 # 315432 (5)

1. Corporation Name

RUTHERFORD 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

2. Principal Place of Business

2a. Mailing Address

21 201 So. Biscayne Blvd.

26 201 So. Biscayne Blvd.

22 Suite 2400

27 Suite 2400

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33131

29 33131

Country

25 USA

Country

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/04/1967

3a. Date of Last Report

02/27/1995

4. FEI Number

59-1204301

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

10. Name and Address of New Registered Agent

81 Name
JAMES W. SHINDELL

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

83 Suite 2400

84 City
Miami

85 Zip Code
FL 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/96

12. OFFICERS AND DIRECTORS

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

TITLE VD
NAME LEE, T.
STREET ADDRESS 145 E. 50TH STREET RM 8A
CITY-ST-ZIP NEW YORK NY
☒ DELETE

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

TITLE V
NAME YOUNG, SALLY W.
STREET ADDRESS 201 S. BISCAYNE BLVD., SUITE 2400
CITY-ST-ZIP MIAMI FL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE V/S/T
2.2 NAME YOUNG, Sally W.
2.3 STREET ADDRESS 1050 NORTH POINT STREET, APT. 801
2.4 CITY-ST-ZIP SAN FRANCISCO, C.A. 94109
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. K. Lee

Date

4/19/96

(212) 308-1053

Daytime Phone #

CR2E034 (12/95)