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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 315432

(5)

RUTHERFORD REALTY CO.

FILED Feb 07 1997 8:00am Secretary of State

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Principal Place o % JAMES W. SHI 201 S. BISCAYNE MIAMI FL 33131		Mailing Address  5 JAMES W. SHINDELL  201 S. BISCAYNE BLVD., SUITE 240 MIAMI FL 33131-2378							
US		US				3. Date Incorporated or Qualified			
2. Principal Plac		28. Mailing Addres				4. FEI Number 59-1204301		Applied For Not Applicable	
Suite, Apt #,	etc	Suite, Apt. #, e	tc.			5. Certificate of Status Desired		3.75 Additional Fee Required	
City & State		Cily & State				Election Campaign Financing     Trust Fund Contribution		5.00 May Be Added to Fees	
<i>Z</i> ip <b>24</b>	Country 25	Ζφ <b>29</b>	30 Co.	ıntry			Yes 🗌 No		
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New Re	sistered Agen		
	s W. Shindell Duth Biscayne Blvd			81 82	Name Stroot Addro	ss (P.O. Box Number is Not Acceptab	le)		
SUITE 2400				02	Street Addres	ss (F.O. box Number is Not Acceptab	ie)		
MIAMI	FL 33131			83					
L				84	City		FL 85	Zip Code	
office or regi agent. Lamit	he provisions of Sections 607 05 stereo agent, or both, in the Sta amiliar with land accept the obli	te ol Florida. Such change	e was authorize	d bv	the corporatio	ration submits this statement for the p n's board of directors. I hereby accep	urpose of char t the appointm	ging its registered ent as registered	
SIGNATURE SIJ	outrine, typed or prinh a name of rigil dered a	ident and tile if applicable	(NOTE: Registere	d Age	int signature required	when reinstating)	DATE	······	
			13.						
							DIN		

	Slignature, typed or push a name of regulared agent and life if appli		egistered Agent signature	required when reinstating) DATE
12.	OFFICERS AND DIRECTOR	*****	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	LEE, T.K.		1.2 NAME	
STREET ADDRESS	145 E. 50TH STREET, SUITE 6A		1.3 STREET ADDRESS	
City+St+2iF	NEW YORK NY		1.4 CITY - ST - ZIP	
TITLE	STD	☐ DELETE	2.1 TITLE	Change Addition
NAME	SHINDELL, JAMES W.		2.2 NAME	
STREET ADDRESS	201 S. BISCAYNE BV #2400		2.3 STREET ADDRESS	
CITY ST-ZIP	MIAMI FL		2. 4 CITY - ST - ZIP	
TITLE	VST	DELETE	3.1 THTLE	Change Addition
NAME	YOUNG, SALLY W.		3.2 NAME	
STREET ADDRESS	1050 N. POINT STREET, APT, 801		3.3 STREET ADDRESS	
CHY-ST ZIP	SAN FRANCISCO CA		3.4. CITY - ST - ZIP	
TOTLE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREES ACORESS			4.3 STREET ADDRESS	
CHY+ST-ZIP			4.4 CITY - ST - ZIP	
TIME		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	•
STREET ADDRESS			5.3 STREET ADDRESS	
C. Tr - ST - 7iP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	·
STREET ADDRESS			6.3 STREET ADDRESS	
CHY-ST-ZiP			6.4 CITY - ST - ZIP	tated in Section 119 07/3/i) Florida Statidos I further certifu that the

14. Ido 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 op an attachment with an address

SIGNATURE:

ATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97

(212y 308-1053