

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 8:36

DOCUMENT # 367857

(0)

1. Corporation Name

TWELFTH TEMPLE TERRACE CORP.

Principal Place of Business

810 SEVENTH AVE
28TH FLOOR
NEW YORK N Y 10019

Mailing Address

810 SEVENTH AVE
28TH FLOOR
NEW YORK N Y 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/03/1970

3a. Date of Last Report

07/13/1994

4. FEI Number

13-2665900

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

SAMUELS, WALTER R

STREET ADDRESS

810 7TH AVENUE, 28FL

CITY - ST - ZIP

NEW YORK FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

C/O R.D. MGT CORP.

NEW YORK N.Y. 10019

☐ Change ☒ Addition

TITLE

V

NAME

MARY ANN SAVERESE

STREET ADDRESS

810 7TH AVENUE 28 FL

CITY - ST - ZIP

NEW YORK NY

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

C/O R.D. MGT CORP

NEW YORK, N.Y. 10019

☐ Change ☒ Addition

TITLE

ST

NAME

RICHARD BIRDOFF

STREET ADDRESS

810 7TH AVENUE, 28 FL

CITY - ST - ZIP

NEW YORK NY

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

C/O R.D. MGT. CORP.

NEW YORK, N.Y. 10019

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Walter R. Samuels WALTER R. SAMUELS 1/26/95 (212) 245-6600

SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

Date

Signature (Print Name)