

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 399631 (1)

1. Corporation Name

ARLEN REALTY MANAGEMENT, INC.



Principal Place of Business

Mailing Address

C/O BROADSTONE GROUP, INC.
888 7TH AVENUE, SUITE 3400
NEW YORK NY 10106

C/O BROADSTONE GROUP, INC.
888 7TH AVENUE, SUITE 3400
NEW YORK NY 10106

2. Principal Place of Business

2a. Mailing Address

21

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

3. Date Incorporated or Qualified

04/20/1972

3a. Date of Last Report

01/31/1995

4. FEI Number

13-2705451

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

**BERGER & SHAPIRO
100 N.E. 3RD AVE., SUITE #400
FT. LAUDERDALE FL 33301**

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 ☐ DELETE

NAME **DV BORY, JUDITH**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ DELETE

NAME **TAS RICCI, MICHAEL**
STREET ADDRESS **888 SEVENTH AVENUE, SUITE 3400**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **S SPOTO, ANTONINA L**
STREET ADDRESS **888 7TH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME **DP MOLLOD, MICHAEL**
STREET ADDRESS **888 7TH AVE.**
CITY-ST-ZIP **NEW YORK, N. Y.**

TITLE ☒ DELETE

NAME **D WALLACE, PAUL F.**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-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-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D/T/AS ☐ Change ☒ Addition

COLLINS, KEVIN
888 SEVENTH AVENUE, SUITE 3400
NEW YORK, NY 10106

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Judith Bory

Judith Bory

4/18/96

212-333-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)