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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Jan 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 407259

Mailing Address

CONTINENTAL REALTY FINANCE CORPORATION

C/O BROADSTONE GROUP C/O BROADSTONE GROUP **888 7TH AVENUE** 888 7TH AVENUE **NEW YORK NY 10106** NEW YORK NY 10106-0001 Date Incorporated or Qualified 08/17/1972 3a. Date of Last Report 05/01/1996 2. Principal Flace of Business 2a. Mailing Address 4. FEI Number Applied For 13-2743539 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 10106-0199 30 29 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BERGER & SHAPIRO 81 Name 100 N.E. 3RD AVE., SUITE #400 82 Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33301 83 84 City 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, type disciprinted name of ingellereb agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (96/6)TITLE DELETE ___ Change ___ Addition 1.1 TITLE BORY, JUDITH NAME 1.2 NAME 888 SEVENTH AVE., SUITE 3400 STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CHTY-ST-ZIP 1.4 CITY - ST-ZIP DTAS TITLE DELETE 2.1 TITLE Change Addition COLLINS, KEVIN NAME 2.2 NAME 888 SEVENTH AVE., SUITE 3400 STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 2.4 CITY-ST-ZIP PN TITLE DELETE 3.1 TITLE Change Addition MOLLOD, MICHAEL NAMÉ 32 NAME 888 SEVENTH AVENUE STREET ADDRESS 33 STREET ADDRESS **NEW YORK, NY 0** CITY - ST - ZIP 34. CITY-SY-ZIP TITLE DELETE 4 1 TITLE Change Addition SPOTO, ANTONINA L NAME 4 2 NAME 888 7TH AVE. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY** CITY - S1 - ZIP 4 4 CITY - ST - ZIP DELETE Addition THILE 51 TITLE Change -WALLACE, PAUL F: NAME 5.2 NAME -888 SEVENTH AVE., SUITE 8400 STREET ADDRESS 5.3 STREET ADDRESS -NEW YORK NY-CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change THLE 6.1 TITLE ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 on an attachment with an address.

IGNING OFFICER OR DIRECTOR

1/10/97

212-333-2100