

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90019 029 \*\*\*150.00

DOCUMENT # 407259

1. Corporation Name

CONTINENTAL REALTY FINANCE CORPORATION

Principal Place of Business

C/O BROADSTONE GROUP  
888 7TH AVENUE  
NEW YORK NY 10106

Mailing Address

C/O BROADSTONE GROUP  
888 7TH AVENUE  
NEW YORK NY 10106-0199  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1972

4. FEI Number

13-2743539

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

7. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 DV ☐ DELETE

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

TITLE DTAS ☐ DELETE

NAME COLLINS, KEVIN  
STREET ADDRESS 888 SEVENTH AVE., SUITE 3400  
CITY-ST-ZIP NEW YORK NY

TITLE PD ☐ DELETE

NAME LOPATER, LAWRENCE  
STREET ADDRESS 888 SEVENTH AVE, STE 3400  
CITY-ST-ZIP NEW YORK, NY 0 10106

TITLE S ☐ DELETE

NAME SPOTO, ANTONINA L  
STREET ADDRESS 888 7TH AVE.  
CITY-ST-ZIP NEW YORK NY

TITLE ~~D~~ ☒ DELETE

NAME ~~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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

*Judith Bory*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

212-333-2100

Daytime Phone #

CR2E034 (11/98)

0005447