

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

FILED

Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 599382

(9)

1. Corporation Name
SOUTH SHORE DEVELOPERS, INC.



Principal Place of Business

C/O THE FIRST BOSTON CORPORATION
5 WORLD TRADE CENTER
NEW YORK NY 10048

Mailing Address

C/O THE FIRST BOSTON CORPORATION
5 WORLD TRADE CENTER
NEW YORK NY 10048-0205

3. Date Incorporated or Qualified
01/19/1979

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 c/o Credit Suisse First Boston

Suite, Apt. #, etc.

22 11 Madison Avenue

City & State

23 New York, NY

Zip

24 10010

Country

25

2a. Mailing Address

26 c/o Credit Suisse First Boston

Suite, Apt. #, etc.

27 5 World Trade Center

City & State

28 New York, NY

Zip

29 10048

Country

30

4. FEI Number

59-1887589

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

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATTIN, A. FLOYD	1.2 NAME	
STREET ADDRESS	PARK AVENUE PLAZA	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSO, LORI M.	2.2 NAME	
STREET ADDRESS	12 EAST 49TH STREET	2.3 STREET ADDRESS	11 Madison Avenue
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNO DIANE	3.2 NAME	
STREET ADDRESS	5 WORLD TRADE CENTER	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY 10048	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGNER, GERALD	4.2 NAME	
STREET ADDRESS	6 GATEWAY CENTER	4.3 STREET ADDRESS	
CITY - ST - ZIP	PITTSBURGH PA 15222	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOHSEN, KENNETH	5.2 NAME	DOT
STREET ADDRESS	5 WORLD TRADE CENTER	5.3 STREET ADDRESS	Thomas A. DeGennaro
CITY - ST - ZIP	NEW YORK NY 10040	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:

Thomas A. DeGennaro Thomas A. DeGennaro 1/19/97 212-322-1994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

2

January 9, 1997

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Taxpayer: SOUTH SHORE DEVELOPERS, INC.
ID Number: 59-1887589
Return/Tax Year: 1997 Profit Corporation Annual Report
Form: 599382
Due Date: May 1, 1997
Payment Enclosed: \$165.00

Dear Sir or Madam:

Enclosed is the above captioned tax return.

Please acknowledge receipt of the above by signing and returning the copy of this letter in the enclosed, self-addressed envelope.

Very truly yours,



Olga R. Taboada
Vice President

ORT/dt

Enc.