

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **632776** (1)

1. Corporation Name
FIRST CITY DEVELOPMENTS OF FLORIDA, INC.



Principal Place of Business Mailing Address
**767 3RD AVE
34TH FLOOR
NEW YORK NY 10017
US**

3. Date Incorporated or Qualified **08/14/1979** 3a. Date of Last Report **05/01/1995**
4. FEI Number **95-3602747** 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 2a. Mailing Address
21 **800 Third Avenue** 26 **800 Third Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **24th Floor** 27 **24th Floor**
City & State City & State
23 **New York, NY** 28 **New York, NY**
Zip Country Zip Country
24 **10022** 25 **USA** 29 **10022** 30 **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 print name of registered agent and fee (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC <input type="checkbox"/> DELETE
NAME	COMBEMALE, NICOLAS W.
STREET ADDRESS	767 3RD AVE, 34TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	ROBBINS, SCOTT D
STREET ADDRESS	767 3RD AVE, 34TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	GUZMAN, VIVIANNA
STREET ADDRESS	767 3RD AVE, 34TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	TD <input type="checkbox"/> DELETE
NAME	HOLDSBERG, JEFFREY
STREET ADDRESS	767 THIRD AVENUE, 32ND FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	800 Third Avenue, 24th Floor
1.4 CITY-ST-ZIP	New York, NY 10022
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wayne R. Smith
2.3 STREET ADDRESS	800 Third Avenue, 24th Floor
2.4 CITY-ST-ZIP	New York, NY 10022
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	800 Third Avenue, 24th Floor
3.4 CITY-ST-ZIP	New York, NY 10022
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	800 Third Avenue, 24th Floor
4.4 CITY-ST-ZIP	New York, NY 10022
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John H. Coghlin
5.3 STREET ADDRESS	800 Third Avenue, 24th Floor
5.4 CITY-ST-ZIP	New York, NY 10022
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	David P. Rankin
6.3 STREET ADDRESS	800 Third Avenue, 24th Floor
6.4 CITY-ST-ZIP	New York, NY 10022

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: **John H. Coghlin, Secretary** 2/28/96 212-508-7558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)