**FILED** 

Sep 09 1998 8:00am

Secretary of State

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834637

(1)

Mailing Address

LOEB PARTNERS REALTY AND DEVELOPMENT CORP.

444 SEABREEZE BOULEVARD SUITE 800 DAYTONA BEACH FL 32118		444 SEABREEZE BOULEVARD SUITE 800 DAYTONA BEACH FL 32118				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/09/1975		
2. Princi	pat Place of Business	2s. Mailing Address				4. FÉI Number	Applied Fo	or
21		26	26			59-1596898	Not Applic	able
	Apt. #, etc.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	\$8.75 Additional Fee Required	al
	State	City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	,
Zip	Country 25	Zip	Country			This corporation owes or has paid the corporation owes or has paid the corporation of the paid the corporation owes or has paid the corporation of the paid the corporation owes or has paid the corporation owes or has paid the corporation owes.	Inent year Intangible	
9. Name and Address of Current Registered Agent			1001	<del></del>		10. Name and Address of New Registered		
MONACO, SMITH, HOOD, PERKINS, LOUCKS & STOUT 444 SEABREEZE BOULEVARD, SUITE 900 DAYTONA BEACH FL 32118				81 82 83	Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)		
l offic	suant to the provisions of sections 607.050 se or registered agent, or both, in the State int. I am familiar with, and accept the oblig	e of Florida. Such change was a	authorized	ove-	named co	propration submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate the second of directors are second or directors.	changing its registered	
SIGNAT	URE	ant and title if applicable. (NC	OTE: Register	red As	pent algnatur	e required when reinstating) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN	12
TITLE	DP	DELETE 1.1		1 TITLE			Change Add	dition
NAME LESSER, JOSEPH S.			1.2 N		ĺ			
STREET ADDRESS 521 FIFTH AVENUE			1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP NEW YORK NY			1.4 CITY-ST-ZIP		-ZIP			
TITLE	ATAS	DELETE	2.1 TIT	2.1 TITLE			Change Add	dition
NAME	)		2.2 NA	22 NAME Ph		Phyllis Mosberg		
STREET ADDRESS 521 FIFTH AVENUE			2.3 \$11			11.0 TTTD 1.000CT &		
CITY OF SID	NEW YORK NY		2403					

31 TITLE

3.2 NAME

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4 CITY-ST-ZIP

\_\_\_ DELETE

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14. I hereby certify that the information supplied with this filling 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 is 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 footperation for the fectiver 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 granged, or on an attachment with an address.

SIGNATURE

DVT

GORDON, ALAN L.

**521 FIFTH AVENUE** 

NEW YORK NY

SOPKO, RUTH K.

**NEW YORK NY** 

**521 FIFTH AVENUE** 

NAUGHTON, GARY L.

**521 FIFTH AVENUE** 

**NEW YORK NY** 

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

WHITE ALAWIKE GONDON

131/58 218381

CR2E034 (5/98)

Change Addition

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Change Addition

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