

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 842096 (0)

1. Corporation Name

SENTINEL PROPERTY MANAGEMENT CORP.



Principal Place of Business

Mailing Address

666 FIFTH AVENUE  
26TH FLOOR  
NEW YORK NY 10103  
US

666 FIFTH AVENUE  
26TH FLOOR  
NEW YORK NY 10103  
US

3. Date Incorporated or Qualified  
12/20/1978

3a. Date of Last Report  
01/31/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-2957368

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

23

28

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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, date, and title (if applicable)

(If the Registered Agent's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	WEINBERGER, MICHAEL J	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	
TITLE	PD	STREICKER, JOHN H	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	
TITLE	T	LONGO, ELIZABETH	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	
TITLE	S	WERMAN, SUSAN T	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	
TITLE	D	KURTZ, CHRISTINE C	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	
TITLE	D	WEINER, DAVID	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		666 FIFTH AVENUE	
CITY-ST-ZIP		NEW YORK NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Susan T. Werman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan T. Werman

6/11/96

212-408-2939

DATE

PHONE NUMBER

CR2E034 (3/96)