FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 842096 1. Corporation Name

SENTINEL PROPERTY MANAGEMENT CORP.

Principal Place of Business		Mailing Address				- 1 (18618) (MILL) SISTE HEALT MILLS BILL BIRLI			
666 FIFTH AVENUE		666 FIFTH AVENUE							
26TH FLOOR		26TH FLOOR			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SHACE			
NEW YORK NY 10103		NEW YORK NY 10103 US		3. Date Incorporated or Qualifed	DO NOT WRITE IN THIS SPACE				
US		00			12/20/1978				
2 Principal P	Hace of Rueiness	2a. Mailing Address			4. FEI Number	A	oplied For		
		<u> </u>	ing Addicas		13-2957368	_ `	ot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional		
22		27			5. Certifcate of Status Desired		equired		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution	•	to Fees		
Zip	Country	Zip	Country		8. This corporation owes the current year Intai	ngible			
24	25	29	o		Personal Property Tax.	Yes	□No		
Name and Address of Current Registered Agent					10. Name and Address of New Registered A	gent			
	CORPORATION SYSTEM		81	Nan	ne		l		
		82	Stre	et Address (P.O. Box Number is Not Acceptable)					
1200 S. PINE ISLAND ROAD									
PLA	NTATION FL 33324		83						
			84	City	FL	85 Zip	Code		
		1007 1500 51 11 51 11		<u> </u>	, <u>, </u>	L l	rogistored		
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 a	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	la Statutes				ĺ		
SIGNATURE		WOTE B	- Internal Asses	t nlamatı	ure required when reinstating) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	ORS IN 12		
TITLE	D String to year	DELETE	1.1 TITLE		Director	Change	Addition		
NAME	WEINBERGER, MICHAEL J		1.2 NAME		Cassidy, Millie C				
STREET ADDRESS	666 FIFTH AVENUE	·		ADDRE	_ _		-		
CITY-ST-ZIP	NEW YORK NY		14 CITY-S		New York, NY 10103		ì		
TITLE	PD	☐ DELETE	2.1 TITLE		Director	Change	Addition		
NAME	STREICKER, JOHN H		2.2 NAME		Belli, Noel G.		ĺ		
STREET ADDRESS	AAA EICEL ALCELUIC			ADDRE	ss 666 Fifth Avenue				
City-ST-ZIP	NEW YORK NY	111		T-ZIP	New York, NY 10103				
TITLE			3.1 TITLE			Change	☐ Addition		
NAME	LONGO, ELIZABETH 321		3.2 NAME				ĺ		
STREET ADDRESS	and district the second of		3.3 STREET	ADDRE	ess				
CITY-ST-ZIP	NEW YORK NY 3.		3.4. CITY-S	T• ZIP					
TITLE			4.1 TITLE	_		Change	☐ Addition		
NAME	WERMAN, SUSAN T		4. 2 NAME						
STREET ADDRESS	666 FIFTH AVENUE		4.3 STREET	ADDRE	ess		ł		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-S	Y-ZIP					
τπιε	D DELETE 5.11		5.1 TITLE			Change	Addition		
NAME	KURTZ, CHRISTINE C		5.2 NAME				ļ		
STREET ADDRESS	666 FIFTH AVENUE		5.3 STREET		ess (ĺ		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-S	T-ZIP					
TITLE	D	☐ DELETE	6.1 TITLE			☐ Change	☐ Addition (
NAME	WEINER, DAVID		6.2 NAME				ľ		
STREET ADDRESS	666 FIFTH AVENUE		6.3 STREET	ADDRE	SS				

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, ogon an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NEW YORK NY