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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90121 042 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 844419**

1. Corporation Name  
**CENTURY 21 REAL ESTATE CORPORATION**

Principal Place of Business

6 SYLVAN WAY  
PARSIPPANY NJ 07054  
US

Mailing Address

6 SYLVAN WAY  
PARSIPPANY NJ 07054  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/19/1979

4. FEI Number

95-3414846

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution  
8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 **6 Sylvan Way**

2a. Mailing Address

26 **6 Sylvan Way**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 **Parsippany, NJ**

City & State

28 **Parsippany, NJ**

Zip Country

24 **07054**

25 **USA**

Zip Country

29 **07054**

30 **USA**

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **MOLES, ROBERT T**  
STREET ADDRESS **6 SYLVAN WAY**  
CITY-STATE-ZIP **PARSIPPANY NJ**

TITLE **S** ☐ DELETE  
NAME **PAUL M. MCNICOL**  
STREET ADDRESS **305 OAKLEY COURT**  
CITY-STATE-ZIP **MILL NECK NJ**

TITLE **T** ☒ DELETE  
NAME **FORBES, SCOTT E**  
STREET ADDRESS **6 SYLVAN WAY**  
CITY-STATE-ZIP **PARSIPPANY NJ**

TITLE **D** ☐ DELETE  
NAME **HENRY R. SILVERMAN**  
STREET ADDRESS **4 EAST 72ND ST**  
CITY-STATE-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE  
NAME **HOLMES, STEPHEN P**  
STREET ADDRESS **6 SYLVAN WAY**  
CITY-STATE-ZIP **PARSIPPANY NJ 07054**

TITLE **D** ☒ DELETE  
NAME **MONACO, MICHAEL P**  
STREET ADDRESS **6 SYLVAN WAY**  
CITY-STATE-ZIP **PARSIPPANY NJ 07054**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

2.1 TITLE **SVP** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **Jeanne M. Murphy**  
3.3 STREET ADDRESS **6 Sylvan Way**  
3.4 CITY-STATE-ZIP **Parsippany, NJ 07054**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME **VP**  
6.3 STREET ADDRESS **Birgit S. Philipp**  
6.4 CITY-STATE-ZIP **6 Sylvan Way**  
**Parsippany, NJ 07054**

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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Birgit S. Philipp*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Birgit S. Philipp**

2/22/99

(973) 496-5036

Date

Daytime Phone #

CR2E034 (11/98)