

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

95 MAY -1 AM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000102 (5)

1. Corporation Name:

GOLDMAN SACHS REALTY (FLORIDA) INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business:

**85 BROAD STREET
NEW YORK NY 10004**

Mailings Address:

**85 BROAD STREET
NEW YORK NY 10004**

3. Date Incorporated or Qualified: **11/04/1992** 3a. Date of Last Report: **10/26/1994**

4. FEI Number: **13-3686570** 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

8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes: ☐ Yes ☐ No

2. Principal Place of Business:

21. State: **NY**

22. City & State:

23. City & State:

24. City & State:

2b. Mailing Address:

26. State: **NY**

27. City & State:

28. City & State:

29. City & State:

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. City:

84. City:

FL

85. Zip Code:

11. Pursuant to the provisions of Sections 607.0622 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 607.0605, Florida Statutes.

SIGNATURE

Signature of person performing registration on behalf of corporation

Signature of Registered Agent (applies to agent appointment only)

Date

12. OFFICERS AND DIRECTORS

NAME	D
NAME	NEIDICH, DANIEL M
STREET ADDRESS	85 BROAD STREET
CITY & ZIP	NEW YORK NY 10004
NAME	P
NAME	EATROFF, BRUCE A
STREET ADDRESS	85 BROAD STREET
CITY & ZIP	NEW YORK NY 10004
NAME	VS
NAME	KLINGHER, MICHAEL K
STREET ADDRESS	85 BROAD STREET
CITY & ZIP	NEW YORK NY 10004
NAME	V
NAME	NEIDICH, DANIEL M
STREET ADDRESS	85 BROAD STREET
CITY & ZIP	NEW YORK NY 10004
NAME	T
NAME	DE CARO, ANGELO
STREET ADDRESS	85 BROAD STREET
CITY & ZIP	NEW YORK NY 10004
NAME	
NAME	
STREET ADDRESS	
CITY & ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	AS	☐ Change ☒ Addition
2. NAME	Stecher, Esta E.	
3. STREET ADDRESS	85 Broad Street	
4. CITY & ZIP	New York, NY 10004	
5. NAME	P	☒ Change ☐ Addition
6. NAME	Neidich, Daniel M.	
7. STREET ADDRESS	85 Broad Street	
8. CITY & ZIP	New York, NY 10004	
9. NAME	VS	☒ Change ☐ Addition
10. NAME	Fascitelli, Michael D.	
11. STREET ADDRESS	85 Broad Street	
12. CITY & ZIP	New York, NY 10004	
13. NAME	(delete)	☒ Change ☐ Addition
14. NAME	AT	☐ Change ☒ Addition
15. NAME	Viniar, David A.	
16. STREET ADDRESS	85 Broad Street	
17. CITY & ZIP	New York, NY 10004	
18. NAME		☐ Change ☐ Addition
19. NAME		
20. STREET ADDRESS		
21. CITY & ZIP		

14. This filer hereby certifies that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.01(2)(b) of the Florida Statutes. Further, I certify that the information was filed by 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of this filing or on an attachment with an address.

SIGNATURE:

[Signature]

Daniel M. Neidich

4-13-95

(212) 902-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR