

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000004134 (3)

1. Corporation Name
SENTINEL REALTY CORP. II

Principal Place of Business
666 FIFTH AVENUE
26TH FLOOR
NEW YORK NY 10103
US

Mailing Address
666 FIFTH AVENUE
26TH FLOOR
NEW YORK NY 10103-2699
US



3. Date Incorporated or Qualified
09/10/1993

3a. Date of Last Report
06/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

4. FEI Number
13-3549826

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> DELETE |
|-------|-----------------------|---------------------------------|-----------------|---------------------------------|
| PCD | STREICKER, JOHN H | 666 FIFTH AVENUE NEW YORK NY | VD | <input type="checkbox"/> |
| VD | CASSIDY, MILLIE C | 666 FIFTH AVENUE NEW YORK NY | S | <input type="checkbox"/> |
| S | WERMAN, SUSAN T | 666 FIFTH AVENUE NEW YORK NY | T | <input type="checkbox"/> |
| T | LONGO, ELIZABETH | 666 FIFTH AVENUE NEW YORK NY | V | <input type="checkbox"/> |
| V | WEINBERGER, MICHAEL J | 666 FIFTH AVENUE NEW YORK NY | VD | <input type="checkbox"/> |
| VD | WEINER, DAVID | 666 FIFTH AVENUE NEW YORK NY | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

SIGNATURE:

Susan T. Werman Secretary 1/10/97 (212) 408-2900
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0006471

CR2E034 (9/96)