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Feb 13, 1999 8:00am  
Secretary of State

02-13-1999 90011 026 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # F93000004134

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  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/10/1993

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 owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
STREICKER, JOHN H  
666 FIFTH AVENUE  
NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CASSIDY, MILLIE C  
666 FIFTH AVENUE  
NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
WERMAN, SUSAN T  
666 FIFTH AVENUE  
NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
LONGO, ELIZABETH  
666 FIFTH AVENUE  
NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
WEINBERGER, MICHAEL J  
666 FIFTH AVENUE  
NEW YORK NY

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WEINER, DAVID  
666 FIFTH AVENUE  
NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

1/12/99

(212) 408-2900

CR2E034 (1/98)