

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002231 (8)**

1. Corporation Name

REGENCY SQUARE FINANCE CORPORATION



Principal Place of Business	Mailing Address
% SCHRODER REAL ESTATE ASSOCIATES 437 MADISON AVE., 18TH FLOOR NEW YORK NY 10022	% SCHRODER REAL ESTATE ASSOCIATES 437 MADISON AVE., 18TH FLOOR NEW YORK NY 10022

2. Principal Place of Business	2a. Mailing Address
21 3528 Maryland Parkway	26 3528 Maryland Parkway
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Las Vegas, NV	28 City & State Las Vegas, NV
24 Zip 89109 Country USA	29 Zip 89109 Country USA

3. Date Incorporated or Qualified 04/29/1994	3a. Date of Last Report 03/31/1995
4. FEI Number 13-3711992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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's signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D/C
NAME	PECK, NORMAN L	1.2 NAME	David S. Gruber
STREET ADDRESS	437 MADISON AVE.	1.3 STREET ADDRESS	3528 Maryland Parkway
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	VSD	2.1 TITLE	V/D
NAME	PESKIN, MARK	2.2 NAME	Donn M. Fuller
STREET ADDRESS	437 MADISON AVE.	2.3 STREET ADDRESS	3528 Maryland Parkway
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	VD	3.1 TITLE	V/D
NAME	LACHMAN, M. LEANNE	3.2 NAME	Peter Johnson
STREET ADDRESS	437 MADISON AVE.	3.3 STREET ADDRESS	3528 Maryland Parkway
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	AS	4.1 TITLE	V/S
NAME	MARLOWE, JOHN B	4.2 NAME	Howard Garfield
STREET ADDRESS	437 MADISON AVE.	4.3 STREET ADDRESS	3528 Maryland Parkway
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY-ST-ZIP	Las Vegas, NV 89109
TITLE	D	5.1 TITLE	V
NAME	WOOLDRIGE, LINDA	5.2 NAME	Richard Weiblen
STREET ADDRESS	437 MADISON AVE.	5.3 STREET ADDRESS	3528 Maryland Parkway
CITY-ST-ZIP	NEW YORK NY 10022	5.4 CITY-ST-ZIP	Las Vegas, NV 89109
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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: Howard Garfield 2/13/96 214-980-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Phone #

CR2E034 (12/95)