

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000002272 (2)**

1. Corporation Name

**SENTINEL REALTY ADVISORS CORPORATION**



Principal Place of Business

Mailing Address

**666 FIFTH  
26TH FLOOR  
NEW YORK NY 10103  
US**

**666 FIFTH AVENUE  
26TH FLOOR  
NEW YORK NY 10103  
US**

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

3. Date Incorporated or Qualified

3a. Date of Last Report

**05/03/1994**

**01/31/1995**

4. FEI Number

**13-3609136**

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

10. Name and Address of New Registered Agent

**CT 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 New Registered Agent (if applicable)

(Initials) Registered Agent's signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	<b>STREICKER, JOHN H</b>	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>CASSIDY, MILLIE C</b>	
STREET ADDRESS	<b>666 FIFTH AVE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KURTZ, CHRISTINE C</b>	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<b>LONGO, ELIZABETH</b>	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>BELLI, NOEL</b>	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>WERMAN, SUSAN T</b>	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>	

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"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Susan T. Werman* Susan T. Werman

6/11/96

212-408-2939

DATE

Display Phone #

CR2E034 (3/96)