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May 01 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 # F94000004969 (1)

1. Corporation Name

COOLIDGE-FLORIDA REALTY CORP.

Principal Place of Business

C/O ROBERT V. TIBURZI, JR., ESQUIRE
455 CENTRAL PARK AVENUE
SCARSDALE NY 10583

Mailing Address

C/O ROBERT V. TIBURZI, JR., ESQUIRE
455 CENTRAL PARK AVENUE
SCARSDALE NY 10583-1034

3. Date Incorporated or Qualified 09/26/1994	3a. Date of Last Report 08/26/1996
4. FEI Number 13-3787826	Applied For Not Applicable
6. 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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIBURZI, ROBERT V JR,ESQ	
STREET ADDRESS	455 CENTRAL PARK AVENUE	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ROMITA, MICHAEL	
STREET ADDRESS	500 MAMARONECK AVENUE	
CITY-ST-ZIP	HARRISON NY 10528	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	MACKLOWE, HARRY	
STREET ADDRESS	142 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STARK, MURRAY	
STREET ADDRESS	455 CENTRAL PARK AVENUE	
CITY-ST-ZIP	SCARSDALE NY 10583	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert V. Tiburzi, Jr.	
1.3 STREET ADDRESS	455 Central Park Avenue	
1.4 CITY-ST-ZIP	Scarsdale, NY 10583	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Howard Parnes	
2.3 STREET ADDRESS	455 Central Park Avenue	
2.4 CITY-ST-ZIP	Scarsdale, NY 10583	
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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

914-472-6070

CR2E034 (9/96)