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 # F94000006289 (2)

1. Corporation Name

COOLIDGE - ORLANDO REALTY CORP.

Principal Place of Business

% ROBERT V. TIBURZI. JR.
455 CENTRAL PARK AVE.
SCARSDALE NY 10583

Mailing Address

% ROBERT V. TIBURZI. JR.
455 CENTRAL PARK AVE.
SCARSDALE NY 10583

3. Date Incorporated or Qualified: 12/09/1994

3a. Date of Last Report: 05/01/1995

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: 13-3794884 ☐ 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 S. PINE ISLAND RD.
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 ______ DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	TIBURZI, ROBERT V JR		1.2 NAME
STREET ADDRESS	455 CENTRAL PARK AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	SCARSDALE NY 10583		1.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	ROMITA, MICHAEL		2.2 NAME
STREET ADDRESS	455 CENTRAL PARK AVE.		2.3 STREET ADDRESS
CITY-ST-ZIP	SCARSDALE NY 10583		2.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	MACKLOWE, HARRY		3.2 NAME
STREET ADDRESS	455 CENTRAL PARK AVE.		3.3 STREET ADDRESS
CITY-ST-ZIP	SCARSDALE NY 10583		3.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	CARDINALI, ALBERT J		4.2 NAME
STREET ADDRESS	2 WORLD TRADE CENTER		4.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY 10048		4.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME	LESLIE, THOMAS M		5.2 NAME
STREET ADDRESS	50 MAIN ST.		5.3 STREET ADDRESS
CITY-ST-ZIP	WHITE PLAINS NY 10606		5.4 CITY-ST-ZIP
TITLE	ASD	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	STARK, MURRAY		6.2 NAME
STREET ADDRESS	455 CENTRAL PARK AVE.		6.3 STREET ADDRESS
CITY-ST-ZIP	SCARSDALE NY 10583		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert V Tiburzi Jr (signature) 4/29/96 914 472-6070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)