

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000140 (2)**

1. Corporation Name

NORTHERN SPRINGS PORTFOLIO, INC.



Principal Place of Business: **C/O CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301**
Mailing Address: **C/O CORPORATION INFORMATION SERVICES 1201 HAYS STREET TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified: **01/09/1995**
3a. Date of Last Report: []
4. FEI Number: **59-3285560**
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

2. Principal Place of Business: []
21. Suite, Apt. #, etc.: []
22. City & State: []
23. Zip: [] Country: []
24. Mailing Address: []
26. Suite, Apt. #, etc.: **135 East 57th St.**
27. City & State: **NY, NY**
28. Zip: **10022** Country: **USA**
29. 30.

9. Name and Address of Current Registered Agent

**CORPORATION INFORMATION SERVICES
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81. Name: []
82. Street Address (P.O. Box Number is Not Acceptable): []
83. []
84. City: [] State: **FL** Zip Code: [] 85.

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

Signature typed or printed in the 12 registered agent and the applicable 13. Registered Agent signature, name, title, and address.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCSWEEN, ROBERT	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10022	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	LISTER, AMANDA	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10022	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPEARS, WENDY	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ASSENHEIMER, FRED	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10022	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WICKSER, P. JOHN II	
STREET ADDRESS	333 SOUTH GRAND AVENUE, SUITE 3000	
CITY- ST- ZIP	LOS ANGELES CA 90071	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERGWALL, ERIC	
STREET ADDRESS	135 EAST 57TH STREET, 8TH FLOOR	
CITY- ST- ZIP	NEW YORK NY 10022	

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 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 McSween*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)