## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 08 1997 8:00am

Secretary of State

4/30/97 203-861- 2100

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000000678 (1)

I am an officer or director of the corporation or the receiver or trus appears in Block 12 or Block 13 Kichanged, or on an attachment

**SIGNATURE:** 

STARWOOD LAND, INC.

Principal Place of Business Mailing Address								
3 PICKWICK PLI SUITE 250 GREENWICH CT		SUITE 250	3 PICKWICK PLAZA SUITE 250 GREENWICH CT 06830-5538					
						3. Date Incorporated or Qualified 02/09/1995	3a. Date of Last Report 05/31/1996	
2. Principal Place of Business 2a. Mailing Address			ess	4. FEI Number Applied F		Applied For		
21		26				06-1404672	Not Applicable	
Suite, Apt. #, etc Suite, Apt. :			#, etc.			5. Certificate of Status Desired	\$8.75 Additional	
City & State	0	City & State	7 City & State			8 Flactic Occupies Flactics	Fee Required	
23		28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip			30	8. This corporation has liability for intangible tax under s. 199 Florida Statutes  Yes No				
24	25   9. Name and Address of Currer		[30]		<del></del>	10. Name and Address of New Reg		
CT C	ORPORATION SYSTEM			<b>B1</b>	Name		<u> </u>	
1200 S. PINE ISLAND RD PLANTATION FL 33324				82 Street Address (P.O. Box Number is Not Acceptable)		le)		
FLAN	TIATION FE 33327			83	:			
				84	City	<del>''''                                 </del>	FL 85 Zip Code	
office or n agent. Fai	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such chan	ge was authorize:	d by	the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered If the appointment as registered	
SIGNATURE.	Stgration, typed or perteu name of registered age	ent and title 4 applicable.	(NOTE: Registere	d Age	nt signature requi	red when reinstating)	DATE	
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC		
TITLE	CP DARROW A	∐ DE	LETE 11TI	TLE			Change Addition	
NAME	A DICIONAL DI ATA OLUTE ARA			AME				
ODECKRISOLI OT 00000				1 3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIF TITLE	VAS	T DE	LETE 21 TI		1 - ZIP		Change Addition	
NAME	GROSE, MADISON F			22 NAME			the state of the s	
STREET ADDRESS	3 PICKWICK PLAZA, SUITE 25	0			ADDRESS			
CHY-ST-ZIP	GREENWICH CT 06830				ST-ZIP			
THE	SVP	☐ DE	LETE 31 TI	TLE		***************************************	Change Addition	
HAME	SILVEY, JEROME C	•	3 2 N/	AME				
STREET ADDRESS	3 PICKWICK PLAZA, SUITE 25	0	3 3 ST	REET	ADDRESS			
CITY-ST-ZIE	GREENWICH CT 06830				37- ZIP		T Observe C Lauren	
TITLE	KLEEMAN, RICK	□ DE	LETE 4.1 TI				Change Addition	
NAME STREET ADDRESS	3 PICKWICK PLAZA, SUITE 25	0	4.2 N		ADDRESS			
CHY-ST-ZIP	GREENWICH CT 06830	•	4.3 S1		1			
Tillf	V	□ DE			1-21/	<del>5000021</del> 5 -05/19/97010	Change Addition	
NAME:	EILIAN, JONATHAN		5.2 N/			-05/19/97010	JR058	
STREET ADDRESS	3 PICKWICK PLAZA, SUITE 25	0			ADDRESS	***165.00		
CITY- \$1 - ZIP	GREENWICH CT 06830		5.4 CI					
TITLE	V	<b>∑</b> DE	LETE 6.1 TI	TLE			Change Addition	
NAME	ROBINSON, SAMUEL	•	62 N	AME			٥S	
STREET ADDRESS	3 PICKMICK PLAZA, SUITE 25	U	63 \$3	FREET	ADDRESS		5/8/97	
CHY-ST-ZIP	GREENWICH DT 06830	duals see Oli	64 CI			d in Continue 440 07(0)(i) Fr 14 0	*	
informatio I am an o	by certify that the information supplied indicated on this annual report or a flicer or director of the corporation of the comparation of the corporation of the corp	to with this filing does is supplemental annual right the receiver or truster.	eport is trile and a empowered to a	exer accu exec	implion statel trate and that this repo	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same lega rt as required by Chapter 607, Florida S	<ul> <li>i ruriner certify that the l effect as if made under oath; that tatutes; and that my name</li> </ul>	