

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 27, 1999 8:00am**  
**Secretary of State**

01-27-1999 90029 013 \*\*\*150.00

DOCUMENT # **F95000001532**

1. Corporation Name

**NEW IMAGE REALTY, INC.**

Principal Place of Business

**888 SEVENTH AVE.  
SUITE 3400  
NEW YORK NY 10106-0199**

Mailing Address

**888 SEVENTH AVE.  
SUITE 3400  
NEW YORK NY 10106-0199  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/30/1995**

4. FEI Number

**88-0262895**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**23** Zip Country

City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**NATIONAL CORPORATE RESEARCH, LTD., INC.  
1406 HAYES ST.  
SUITE 2  
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

**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	WALLACE, PAUL F	
STREET ADDRESS	888 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10106-0199	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORY, JUDITH	
STREET ADDRESS	888 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10106-0199	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOPATER, LAWRENCE	
STREET ADDRESS	888 SEVENTH AVE, STE 3400	
CITY-ST-ZIP	NEW YORK NY 10106	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPOTO, ANTONINA L	
STREET ADDRESS	888 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY 10106-0199	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KEVIN COLLINS	
STREET ADDRESS	888 SEVENTH AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Judith Bory* **Judith Bory**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99

Date

212-333-2100

Daytime Phone #

CR2E034 (1/98)