

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **F96000000704 (4)**

1. Corporation Name  
**SOS PROPERTIES MANAGEMENT COMPANY, INC.**

FILED  
97 APR 14 AM 7:44

SECRETARY OF STATE  
TALLAHASSEE, FL



*mwr*

Principal Place of Business

C/O CIBC  
425 LEXINGTON AVE  
NEW YORK NY 10017

Mailing Address

C/O CIBC  
425 LEXINGTON AVE  
NEW YORK NY 10017-3903

3. Date Incorporated or Qualified

02/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

4. FEI Number

APPLIED FOR 13-3871859

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PDC  
NAME LAYMAN, R B  
STREET ADDRESS 425 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE VD  
NAME SMITH, DOUGLAS J  
STREET ADDRESS 425 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE SD  
NAME ENRIGHT, JOHN F JR  
STREET ADDRESS 425 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE D  
NAME DEYIRMENJIAN, NANCY N  
STREET ADDRESS 425 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 on an attachment with an address.

SIGNATURE:

*John F. Enright Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

3/27/97

212-856-3847

Daytime Phone

0003993

CR2E034 (9/96)