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FILED

May 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000002464 (3)

1. Corporation Name  
COOLIDGE-VALENCIA REALTY CORP.



Principal Place of Business  
455 CENTRAL PARK AVENUE, STE 308  
SCARSDALE NY 10583

Mailing Address  
455 CENTRAL PARK AVENUE, STE 308  
SCARSDALE NY 10583-1034

3. Date Incorporated or Qualified 05/16/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 13-3889024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROMITA, MICHAEL	1.2 NAME	Howard Parnes
STREET ADDRESS	500 MAMARONECK AVENUE	1.3 STREET ADDRESS	455 Central Avenue
CITY - ST - ZIP	HARRISON NY	1.4 CITY - ST - ZIP	Scarsdale, NY 10583
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDINALI, ALBERT J	2.2 NAME	Michael Romita
STREET ADDRESS	TWO WORLD TRADE CENTER, 30TH FL	2.3 STREET ADDRESS	500 Mamaroneck Avenue
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	Harrison, NY 10528
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	Michael Rosen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, MICHAEL	3.2 NAME	V/D/T
STREET ADDRESS	550 MAMARONECK AVENUE	3.3 STREET ADDRESS	455 Central Park Avenue
CITY - ST - ZIP	HARRISON NY	3.4 CITY - ST - ZIP	Scarsdale, NY 10583
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIBURZI JR, ROBERT V	4.2 NAME	Robert V. Tiburzi, Jr.
STREET ADDRESS	455 CENTRAL PARK AVENUE	4.3 STREET ADDRESS	455 Central Park Avenue
CITY - ST - ZIP	SCARSDALE NY	4.4 CITY - ST - ZIP	Scarsdale, NY 10583
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 or in an attachment with an address.

SIGNATURE:

*Howard Parnes*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006363

CR2E034 (9/96)