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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name F96000002464 (3)

COOLIDGE-VALENCIA REALTY CORP.

Principal Place of Business Mailing Address

FILED May 19 1998 8:00am Secretary of State



455 CENTRAL PARK AVENUE. STE 308 SCARSDALE NY 10583		455 CENTRAL PARK AVENUE. STE 308 SCARSDALE NY 10583		08	DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
9 Principal D	lane of Rusinass	2a. Mailing Address			05/16/1996	
2. Principal Place of Business 21		}η			4. FEI Number Applied Fo	
Suite, Apt. #, etc.		Suite, Apt #, etc.			13-3889024 Not Applica	
22		27			5. Certificate of Status Desired S8.75 Additional Fee Required	al
City & State	0	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	,
Zip	Country	Ζφ	Country	/	8. This corporation owes or has paid the current year Intangible	
24	25 29		30		Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
CI	CORPORATION SYSTEM		81	Name		
	00 SOUTH PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Acceptable)	
	ANTATION FL 33324		83	Silee! /	Address (F.O. Box Number is Not Acceptable)	
			84	City	er 7% Code	
			84	City	FL 85 Zip Code	
office or re	to the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a	authorized by	y the corp	corporation submits this statement for the purpose of changing its register poration's board of directors. I hereby accept the appointment as register	ed ed
SIGNATURE	Signature, typed or printed name of registered Ages	cand the dapple die (NOH	E Registered Ag	ent signature	required when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Add	dition
NAME	ROMITA, MICHAEL		1.2 NAME			
STREET ADDRESS	500 MAMARONECK AVENUE		1.3 STREET	ADDRESS		
CITY-ST-ZIP	HARRISON NY	·	14 CHY-5	31 - ZIP		
TITLE	VD	☐ DELETE	2 1 TITLE		Change Add	dilion
NAME	Romita, Michael		22 NAME			
STREET ADDRESS	500 MAMARONECK AVE		2 3 STREET	ADDRESS	· · · ·	
CITY-ST-ZIP	HARRISON NY	<u></u>	2 4 CITY-	Si - ZIP		
TITLE	VDT	DELETE	3 1 TITLE		Change Add	dition
NAME	ROSEN, MICHAEL		3 2 NAME			
STREET ADDRESS	455 CENTRAL PARK AVE		3.3 STREET	ADDRESS		
CITY-ST-ZIP	SCARSDALE NY		3.4. CITY -	ST - Z(P		
TITLE	VSD	☐ DELETE	4.1 TITLE		Change Add	Jition
NAME	TIBURZI JR, ROBERT V		4. 2 NAME			
STREET ADDRESS	455 CENTRAL PARK AVENUE		4.3 STREET			
CITY-ST-ZIP	SCARSDALE NY	T Spiere	4.4 CITY - S	T- 7IP		
TITLE	Partico Howard	L_J DELETE	5.1 TITLE	1	L_J Change L_J Ado	otion
NAME	PARNES, HOWARD		5.2 NAME	[
STREET ADDRESS	455 CENTRAL AVE		5.3 STREET			
CITY-ST-ZIP	SCARSDALE NY	DOLLTE	5.4 CITY - S	1 - ZIP	T Access	ditio -
TITLE		☐ DELETE	6111111		Change Add	עפווונ
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	i		
CITY-ST-ZIP	ortify that the information consider 1.3	In this films does not austible to	6.4 CHY-S		ed in Section 119.07(3)(i), Florida Statutes. I further certify that the informat	tion
indicated of officer or o	on this armual report or <u>s</u> upplemental	annual report is true and accover or trustee empowered to a	urate and th	at my sigi	as in Section 119.07(3)(i), Florida Statutes, Fluttrier certify that the informational informational have the same logal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	ın 📗