

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

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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90111 014 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F96000003526

1. Corporation Name
CONWAY PLAZA REALTY CORP.



Principal Place of Business 455 CENTRAL PARK AVENUE SUITE 308 SCARSDALE NY 10583	Mailing Address 455 CENTRAL PARK AVENUE SUITE 308 SCARSDALE NY 10583
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/11/1996	
4. FEI Number 13-3899074	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 485 W. Putnam Ave	2a. Mailing Address 26 485 W. Putnam Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State 23 Greenwich, CT	City & State 28 Greenwich, CT
Zip Country 24 06830 25	Zip Country 29 06830 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	WARD, LYNNE
STREET ADDRESS	485 WEST PUTNAM
CITY-ST-ZIP	GREENWICH CT
TITLE	V <input type="checkbox"/> DELETE
NAME	CARDINALI, ALBERT J
STREET ADDRESS	TWO WORLD TRADE CENTER, 39TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	SANNELLA, THEODORE
STREET ADDRESS	455 CENTRAL PARK AVENUE
CITY-ST-ZIP	SCARSDALE NY
TITLE	S <input type="checkbox"/> DELETE
NAME	ROMITA, MICHAEL
STREET ADDRESS	500 MAMARONECK AVENUE
CITY-ST-ZIP	HARRISON NY
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Lynne Ward* **REQUIRED** 4/30/99 (203) 661-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)