

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

FILED

97 APR 24 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F9600005582**
1. Corporation Name
LA PROVENCE REALTY CORP.

Principal Place of Business Mailing Address

**550 Mamaroneck Avenue
Harrison, NY 10528** Same

3. Date Incorporated or Qualified **10/28/96** 3a. Date of Last Report **n/a**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		13-3921536		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		29		30	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**W. Scott Callahan
28 E. Washington Street
Orlando, FL 32802**

10. Name and Address of New Registered Agent

81	Name	n/a
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michael E. Rosen	1.2 NAME	
STREET ADDRESS	550 Mamaroneck Avenue	1.3 STREET ADDRESS	
CITY-ST-ZIP	Harrison, NY 10528	1.4 CITY-ST-ZIP	
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	Michael E. Rosen	2.2 NAME	
STREET ADDRESS	550 Mamaroneck Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Harrison, NY 10528	2.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dave Clark	3.2 NAME	
STREET ADDRESS	550 Mamaroneck Avenue	3.3 STREET ADDRESS	
CITY-ST-ZIP	Harrison, NY 10528	3.4 CITY-ST-ZIP	
TITLE	Secretary/Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert V. Tiburzi, Jr.	4.2 NAME	
STREET ADDRESS	550 Mamaroneck Avenue	4.3 STREET ADDRESS	
CITY-ST-ZIP	Harrison, NY 10528	4.4 CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	W. Scott Callahan	5.2 NAME	
STREET ADDRESS	28 E. Washington Street	5.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32802	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	MWB
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 if changed, or in an attachment with an address.

SIGNATURE:

W. Scott Callahan

W. Scott Callahan

April 18, 1996 (407) 425-2571

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)