

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

0004195

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90139 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000001687**

1. Corporation Name  
**38 DIVERSIFIED REALTY CORP.**



Principal Place of Business 310 MADISON AVE. - STE. 1422 NEW YORK NY 10017	Mailing Address 310 MADISON AVE. - STE. 1422 NEW YORK NY 10017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>350 Lexington Ave</b>	26 <b>350 Lexington Ave</b>			<b>04/02/1997</b>	
Suite, Apt. #, etc. 22 <b>Suite 202</b>		Suite, Apt. #, etc. 27 <b>Suite 202</b>		4. FEI Number <b>13-3621113</b>	
City & State 23 <b>New York</b>		City & State 28 <b>New York</b>		Applied For Not Applicable	
Zip 24 <b>NY</b>		Country 25 <b>10016</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.</b> 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b>			

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUGO, JOHN C</b>	1.2 NAME	
STREET ADDRESS	<b>310 MADISON AVE. - STE. 1422</b>	1.3 STREET ADDRESS	<b>350 LEXINGTON AVE SUITE 202</b>
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	1.4 CITY-ST-ZIP	<b>NEW YORK, NY 10016</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STROUGO, CAROL</b>	2.2 NAME	
STREET ADDRESS	<b>310 MADISON AVE. - STE. 1422</b>	2.3 STREET ADDRESS	<b>350 LEXINGTON AVE SUITE 202</b>
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>	2.4 CITY-ST-ZIP	<b>NEW YORK, NY 10016</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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: **X** *(Signature)* **John C Strougo** Date: **1/12/99** Daytime Phone #: **(212) 697-6500**

CR2E034 (11/98)