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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700003951

1. Corporation Name

COLUMBUS PLAZA FEE, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90073 011 ***150.00

Principal Place of Business Mailing Address							1 (001104) III 0 1011 1011 1011 1011 1011 1011 10
% RD MANAGEMENT CORP.							
810 7TH AVE. 28TH FL. 810 7TH AVE. 28TH FL.						DO NOT WRITE IN THIS SPACE	
NEW YORK NY 10019 NEW YORK NY 10019						3, Date Incorporated or Qualifed	
							07/29/1997
Principal Place of Business 2a. Mailing Address							4, FEI Number Applied For
21 26							13-3755071 Not Applicable
Suite, Apt. #, etc.			•		•	5. Certifcate of Status Desired Fee Required	
27							
City & State							6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
23 28			Zip	Country			This corporation owes the current year Intangible
24 25 29 29			· ·	30			Personal Property Tax.
[24]	9, Name and Address of Current			<u> </u>			10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent					81 Name		
MURRAY, STANLEY L					1		(D.C. D. N. J. Law in Mark Assessable)
82-60 SW 87TH TERR.				82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)
MIAMI FL 33143				83	83		
					1		
				84	1	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 ageni	t and title	if applicable. (NOTE: R	egistered Age	ent	signature required	when reinstating) DATE
12.	OFFICERS AN	D DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP		☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	FURMAN, JAY			1.2 NAME			
STREET ADDRESS	% RD MANAGEMENT CORP., 8	10 71	H AVE. 28FL.	1,3 STREE	ET/	ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019		1.4 CITY-ST-ZIP		-ZIP		
TITLE	CV ☐ DELETE 2.1 TI		2.1 TITLE			☐ Change ☐ Addition	
NAME	BIRDOFF, RICHARD J		2.2 NAME				
STREET ADDRESS	% RD MANAGEMENT CORP., 8	10 7T	H AVE. 28FL.	2.3 STREE	ET/	ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019			2. 4 CITY-		r-ZIP	
TITLE			☐ DELETE	3.1 TITLE			Change Addition
NAME				3.2 NAME		}	
STREET ADDRESS	· .			3.3 STREE	ET/	ADDRESS	
CITY-ST-ZIP				3.4. CITY-	_	- ZIP	Change Addition
TITLE	٠.		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME				4, 2 NAME			
STREET ADDRESS	}					ADORESS	
CITY-ST-ZIP				4.4 CITY-		-ZIP	☐ Change ☐ Addition
TITLE			☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
NAME				5.2 NAME		ADDRESS	
STREET ADDRESS						ł	
CITY-ST-ZIP	·		DELETE	5.4 CITY-		- 2112	☐ Change ☐ Addition
TITLE			☐ DEfele	6.2 NAME			EJ Onlarige T Addition
NAME				1		ADDRESS	
STREET ADDRESS						ADORESS	
CDV_ST_7IPAC 1.	المارية موال			6.4 CITY-:	ъŢ-	-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 section 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:

GNATURE REQUIRED

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR