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

DOCHMENT #	F97000006906
DOCUMENT #	F97000000KY0K
4 Companion Name	1 01 00000000

1 -	MENT # F97000 ENTURE CORP.	0006906		SECRETARY OF STATE TAIT ANTASSEE, FLOREDA THE REPORT OF THE SHARM THE SHAR
Principal Plac	ce of Business	Mailing Address		
1	PEYER PROPERTIES AVENUE	% TISHMAN SPEYER PROP 520 MADISON AVERUE NEW YORK NY 10022	ERTIES	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
9 Principal F	Place of Business	2a. Mailing Address		12/30/1997
21	lace of business	2a. Mailing Address		4. FEI Number Applied For 13-3972680 Not Applied be
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		SR 75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Z ₁ p	Country 30	8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Curre		301	Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
526	J SERVICES, INC. EAST PARK AVENUE LAHASSEE FL 32301-2525		81 Name 82 Street 83 84 City	Address (P.O. Box Number is Not Acceptable)
11. Pursuant office or ragent. La	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was au ations of, Section 607.0505, Flori	s, the above-named thorized by the corp da Statutes.	d corporation submits this statement for the purpose of changing its registered location's board of directors. I hereby accept the appointment as registered
48	Signature, typed or printed name of registered ag		Registered Agent signature	
12.	CD OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	TISHMAN, ROBERT V	C DELETE	1.1 TITLE	
STREET ADDRESS	520 MADISON AVENUE		1.2 NAME	-03/31/9901083904
CITY-ST-ZIP	NEW YORK NY 10022		1.3 STREET ADDRESS	****343.75 ****1 5 0.00
TITLE	PD	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	
NAME	SPEYER, JERRY I		2.2 NAME	Change Addition
STREET ADDRESS	520 MADISON AVENUE		23 STREET ADORESS	
OTY-ST-ZIP	NEW YORK NY 10022		2 4 CHY-ST-ZIP	
TITLE	VSD	™ DELETE	31 TITLE	VD . MCChange [] Addition
NAME	NATHAN, ANDREW J		3 2 NAVE	ANDREW J. NATHAN
STREET ADDRESS	520 MADISON AVENUE		3 3 STREET ADDRESS	ANDREW J. NATHAN 520 MADISON AVENUE
City-St-zip	NEW YORK NY 10022		34 CITY-ST-ZIP	New YORK, New YORK 10022
TITLE	T	[] DELETE	4 1 TITLE	[] Change [] Addition
NAME	AUGARTEN, DAVID		4.2 NAME	
STREET ADDRESS	520 MADISON AVENUE		43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE		VS Change Middition
NAME			5 2 NAME	Pruce D. Saber

CATY-ST-ZIP 64 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.

61 TITLE 62 NAME

54 CITY-ST-ZIP

63 STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

DELETE

New York, New York 1000