

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Shirley B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G21114**

(5)

1. Corporation Name

BIRDSALL PROPERTIES, INC.

Principal Place of Business

**C/O CADWALADER, WICKERSHAM & TAFT
440 ROYAL PALM WAY, STE. 300
PALM BEACH FL 33480**

Mailing Address

**C/O CADWALADER, WICKERSHAM & TAFT
440 ROYAL PALM WAY, STE. 300
PALM BEACH FL 33480**



2. Principal Place of Business

2a. Mailing Address

21 **440 Royal Palm Way**

26 **440 Royal Palm Way**

22 **#200**

27 **#200**

23 **Palm Beach, FL**

28 **Palm Beach, FL**

24 **33480**

29 **33480**

9. Name and Address of Current Registered Agent

**CHOPIN, L. FRANK, ATTY.
440 ROYAL PALM WAY, STE 300
PALM BEACH FL 33480**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0901 and 607.1101, 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0901, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 NAME PD BIRDSALL, JOHN H III 253 ESPLANADE WAY PALM BCH, FL 00000	13.1 NAME ☐ Change ☐ Addition
12.2 STREET ADDRESS DS CHOPIN, L FRANK 440 ROYAL PAL WAY STE 200 PALM BEACH FL	13.2 STREET ADDRESS ☐ Change ☐ Addition
12.3 CITY, STATE, ZIP FL	13.3 CITY, STATE, ZIP ☐ Change ☐ Addition
12.4 NAME FL	13.4 NAME ☐ Change ☐ Addition
12.5 STREET ADDRESS FL	13.5 STREET ADDRESS ☐ Change ☐ Addition
12.6 CITY, STATE, ZIP FL	13.6 CITY, STATE, ZIP ☐ Change ☐ Addition
12.7 NAME FL	13.7 NAME ☐ Change ☐ Addition
12.8 STREET ADDRESS FL	13.8 STREET ADDRESS ☐ Change ☐ Addition
12.9 CITY, STATE, ZIP FL	13.9 CITY, STATE, ZIP ☐ Change ☐ Addition
12.10 NAME FL	13.10 NAME ☐ Change ☐ Addition
12.11 STREET ADDRESS FL	13.11 STREET ADDRESS ☐ Change ☐ Addition
12.12 CITY, STATE, ZIP FL	13.12 CITY, STATE, ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied concerning this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information and data furnished in this 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 and that I am authorized by the resolution or resolution of the board of directors to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/96

(407)655-9500

CR2E034 (12/95)