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Apr 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G46518** (8)
1. Corporation Name
TISHMAN REALTY CORPORATION OF LAKE BUENA VISTA



Principal Place of Business
**666 FIFTH AVE.
36TH FLOOR
NEW YORK NY 10103
US**

Mailing Address
**666 FIFTH AVE.
36TH FLOOR
NEW YORK NY 10103-3699
US**

3. Date Incorporated or Qualified **06/28/1983** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **13-3168198** Applied For ☐ Not Applicable ☐

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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 607.0502 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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	<input type="checkbox"/> DELETE
NAME	KOTOUN, KATHLEEN	
STREET ADDRESS	% 666 FIFTH AVE.	
CITY- ST- ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHWARZWALDER, L.	
STREET ADDRESS	% 666 FIFTH AVE.	
CITY- ST- ZIP	NEW YORK NY	
TITLE	DCOO	<input type="checkbox"/> DELETE
NAME	VICKERS, JOHN	
STREET ADDRESS	666 FIFTH AVENUE	
CITY- ST- ZIP	NEW YORK NY	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	TISHMAN, JOHN J.	
STREET ADDRESS	% 666 FIFTH AVE.	
CITY- ST- ZIP	NEW YORK NY	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	TISHMAN, DANIEL	
STREET ADDRESS	84 STATE ST.	
CITY- ST- ZIP	BOSTON MA	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ARASI, THOMAS	
STREET ADDRESS	666 5TH AVE	
CITY- ST- ZIP	NY NY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D. EVP
5.3 STREET ADDRESS	Tishman, Daniel
5.4 CITY- ST- ZIP	666 Fifth Avenue
	New York, N.Y. 10103
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE:

Tony Schwarzwald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97
Date

212-399-3637
Daytime Phone #

0006476

CR2E034 (9/96)