

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G46518** (8)  
1. Corporation Name  
**TISHMAN REALTY CORPORATION OF LAKE BUENA VISTA**

Principal Place of Business <b>666 FIFTH AVE. 36TH FLOOR NEW YORK NY 10103 US</b>	Mailing Address <b>666 FIFTH AVE. 36TH FLOOR NEW YORK NY 10103 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/28/1983</b>	
21 Suite, Apt. #, etc.	22 City & State	25 Zip	26 Country	4. FEI Number <b>13-3168198</b>	Applied For Not Applicable
23 City & State	24 Zip	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code <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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOTOUN, KATHLEEN</b>	1.2 NAME	
STREET ADDRESS	<b>% 666 FIFTH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARZWALDER, L.</b>	2.2 NAME	
STREET ADDRESS	<b>% 666 FIFTH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DCOO VICKERS, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>666 FIFTH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CEO TISHMAN, JOHN J.</b>	4.2 NAME	
STREET ADDRESS	<b>% 666 FIFTH AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEVP TISHMAN, DANIEL</b>	5.2 NAME	
STREET ADDRESS	<b>666 5 AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVP ARASI, THOMAS</b>	6.2 NAME	<b>Arasi, Timothy</b>
STREET ADDRESS	<b>666 5TH AVE</b>	6.3 STREET ADDRESS	<b>666 Fifth Ave</b>
CITY-ST-ZIP	<b>NY NY</b>	6.4 CITY-ST-ZIP	<b>New York NY</b>

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 any attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)