

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

•PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G48470** (0)
1. Corporation Name
TISHMAN REALTY CORPORATON OF CENTRAL FLORIDA



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
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
07/13/1983

3a. Date of Last Report
04/20/1995

4. FEI Number
13-3171108

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

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

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

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 date of application

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
T	SCHWARZWALDER, LARRY	% 666 5TH AVE NEW YORK, NY 10103		<input type="checkbox"/>
D	TISHMAN, JOHN	% 666 5TH AVENUE NEW YORK NY		<input type="checkbox"/>
P	VICKERS, JOHN	666 FIFTH AVENUE NEW YORK NY		<input type="checkbox"/>
S	KOTOUN, KATHLEEN	% 666 5TH AVENUE NEW YORK NY		<input type="checkbox"/>
DV	TISHMAN, DANIEL	84 STATE STREET BOSTON MA		<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1	TITLE			
1.2	NAME			
1.3	STREET ADDRESS			
1.4	CITY-ST-ZIP			
2.1	TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME			
2.3	STREET ADDRESS			
2.4	CITY-ST-ZIP			
3.1	TITLE			<input checked="" 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			
5.3	STREET ADDRESS			
5.4	CITY-ST-ZIP			
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 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

4/9/96

212-399-3637

DATE

Daytime Phone #

CR2E034 (12/95)