May 03, 1999 8:00 am Secretary of State

05-03-1999 90085 040 \*\*\*150.00

## 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** 

## **DOCUMENT # G64937**

1. Corporation Name

ORANGE COUNTY REALTY CORPORATION

	•				
Principal Plac	e of Business	Mailing Address		(   \$4111 Both 4711 BIRDS INTR 1911 1051 BIRL AND BIRL AN	
% TISHMAN REALTY AND CONSTRUCTION CO INC. % TISHMAN REALTY AND COI 666 FIFTH AVE NEW YORK NY 10103 % NEW YORK NY 10103		NSTRUCTION CO INC.	DO NOT WRITE IN THIS SPACE		
-				3. Date Incorporated or Qualifed 10/13/1983	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied f	
21		26		13-3210081 Not Appl	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May E	
23		28	*	Trust Fund Contribution - Added to Fee	S-
Žip	Country	Zip	Country	8. This corporation owes the current year Intangible  Personal Property Tax  Personal Property Tax	
24	25	29 30	<u> </u>	Telabilat Topolty Tax.	
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
COD	DODATION SERVICE COMPANY		81 Name		
CORPORATION SERVICE COMPANY 1201 HAYS STREET			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	AHASSEE FL 32301		83		
IALL	AHASSEE PE 32301		83		
			84 City	FL 85 Zip Code	
				poration submits this statement for the purpose of changing its regist	
l office or r	egistered agent, or both, in the State or im familiar with, and accept the obligati	of Florida, Such change was autrions of, Section 607.0505, Florida	a Statutes.	on's poard of directors. Thereby accept the appointment as registers	<del>-</del>
4.5	Signature, typed or printed name of registered agent		egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.	CD OFFICERS ANI	DELETE	1.1 TITLE		Addition
TITLE	T	C Office	1.2 NAME		
NAME	TISHMAN, JOHN 666 FIFTH AVE		1.3 STREET ADDRESS		
STREET ADDRESS	NEW YORK, NY 00000		1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	DC00	□ DELETE	2.1 TITLE	☐ Change ☐	Addition
NAME	VICKERS, JOHN		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	,	
1	NEW YORK NY		2.4 CITY-ST-ZIP		
CITY-ST-ZIP	S	☐ DELETE	3.1 TITLE	☐ Change ☐	Addition
NAME	KOTOUN, KATHLEEN	<b></b>	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		3.4. CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐	Addition
NAME	SCHWARZWALDER, LARRY		4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		4.4 CITY-ST-ZIP		
TITLE	DEVP	☐ DELETE	5.1 TITLE	Change	Addition
NAME	TISHMAN, DANIEL		5.2 NAME		
STREET ADDRESS	666 5 AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 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 optrustee 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 attackment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS CITY-ST-ZIP

TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR