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FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J99809

(2)

1. Corporation Name

TISHMAN-SWAN REALTY CORP.

Principal Place of Business

C/O TISHMAN HOTEL CORPORATION  
1200 EPCOT RESORTS BLVD.  
LAKE BUENA VISTA FL 32830

Mailing Address

C/O TISHMAN HOTEL CORPORATION  
1200 EPCOT RESORTS BLVD.  
LAKE BUENA VISTA FL 32830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/02/1987

4. FEI Number

13-3433139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DOOO  
VICKERS, JOHN  
666 FIFTH AVENUE  
NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
TISHMAN, JOHN L.  
666 5TH AVE.  
NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
T  
SCHWARZWALDER, LARRY  
666 FIFTH AVE  
NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
KOTOUN, KATHLEEN  
666 FIFTH AVE  
NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DEVP  
TISHMAN, DANIEL  
666 5 AVE  
NEW YORK NY

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS

64 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 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

Date

Daytime Phone #

0640800

CR2E034 (10/97)