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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

> Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # K73668

(1)

BEN FRANKLIN PROPERTIES 700, INC.					
Principal Place of Business	Mailing Address				
888 SEVENTH AVENUE. SUITE 3400 NEW YORK NY 10106	888 SEVENTH AVENUE. SUITE 3400 NEW YORK NY 10106				



NEW YORK NY 10106		NEW YORK NY 10106			Date Incorporated or Qualified	3a.	Date of Last Re		
						03/17/1989		05/04/1	
		2a. Mailing Address				4. FEI Number		L - L-	Applied For
. Principal Place	OI RITSILIESS	26. Wairing Address,				65-0107765			Not Applicable
Suite. Apt. #, etc			Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
		City & State				6. Election Campaign Financing	_		<b>0</b> May Be
Orty & State		28				Trust Fund Contribution			d to Fees
Zip	Country	Zip	Co	ountry		8. This corporation has liability for	intangil	ole tax under s	199.032.
1	25	29	30			Florida Statutes Yes  10. Name and Address of New	G []N		
L	9. Name and Address of Cur	rent Registered Agent			r	10. Name and Address of New	negisio	ned Agent	
				81	Name				
NATIONA	AL CORPORATE RESEARCH	H, LTD., INC.		62	Street Ad	dress (P.O. Box Number is Not Accepta	ble)		
1406 HA	YS STREET, #2				<u> </u>				
TALLAHASSEE FL 32301				83					
1744				84	City			FI 85 Z	ip Code
					<u> </u>	poration submits this statement for the p pard of directors. Thereby accept the ap	ITDOSA.	-6 -5 -0 0 0 0 0 0	registered off
	x at not typed to printed name of regions. It	agert and stell abolication	(Write Brigste	and Age		poration submits this statement for the poard of directors. I hereby accept the ap	r	ATE	
12.	OFFICERS	AND DIRECTORS		3.		ADDITIONS OF IANGLES 18 OF		☐ Change	
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NAME	LOPATER, LAWRENCE		1	2 NAMÉ	1				
STREET ADDRESS	888 SEVENTH AVENUE	, suite 3400			T ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10106	DELETE		4 Cliv - 1 Till E	ST-ZIP			☐ Change	Additio
TITLE	VS			2 NAME					
NAME	BORY, JUDITH				E! ADDRESS				
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NAME					EE1 ADDRESS				
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NAME				6.2 NAN	AE .				
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City-ST-ZIP			L	6.4 CH	Y - ST - ZIF	slik, for the exemption stated in Section	110 076	Data Florida Ch	stutee I furthe

14. I do hereby certify that the information supplied with this fling 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 earth; 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: Judith Bory Judith Bory GRATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

April 3, 1996

212-333-2100

CR2E034 (12/95)