PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # K73668**

1. Corporation Name

BEN FRA	nklin properties 700,	INC.					
Principal Place	of Business .	Mailing Address		-	Liasiatri ali (8800 fera alite aris) lem ar	911 =1211 91911 61911 9 191	
888 SEVENTH AVENUE. SUITE 3400 888 SEVENTH AVENUE.		888 SEVENTH AVENUE. SUIT NEW YORK NY 10106-0199			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed		
					03/17/1989		
		D. Mailing Address			4. FEI Number	Appli	ed For
2. Principal Place of Business 2a. Mailing Address				65-0107765		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
22		City & State		,"	6. Election Campaign Financing	\$5.00 M	av Be
City & State	•	28			Trust Fund Contribution	Added to	- ,
23	Country	Zip	Country	,	8. This corporation owes the current year	r Intangible	ļ
24	25		30		Personal Property Tax.	☐ Yes 🔀	₫No
24	9. Name and Address of Curre				10. Name and Address of New Registe	red Agent	
			81	Name			
NATIONAL CORPORATE RESEARCH, LTD., INC.			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
1406 HAYS STREET, #2							
TALLAHASSEE FL 32301			83				
			84 City			85 Zip Co	ode
			-	1	poration submits this statement for the purpos on's board of directors. I hereby accept the a	FL 00 = 1	
agent. I a	m familiar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered Age	3 .	ad when reinstating) ADDITIONS/CHANGES TO OFFICER	<u> </u>	
12.		ND DIRECTORS	. 13.		ADDITIONS/CHANGES TO OFFICER	☐ Change	Addition
TITLE	PD DELETE		1.1 TITLE		•	<u> </u>	
NAME	LOPATER, LAWRENCE		1.2 NAME				
STREET ADDRESS			1.3 STREET ADDRESS			•	
CITY-ST-ZIP	NEW YORK NY 10106		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE	V 5		2.2 NAME				
NAME	BORY, JUDITH	T 0400		ET ADDRESS			
STREET ADDRESS	888 SEVENTH AVENUE, SUIT	E 3400	2.4 CITY-				
CITY-ST-ZIP	DELETE		3.1 TITLE	J. 2.		Change	Addition
TITLE			3.2 NAME				•
NAME			3.3 STREE	ET ADDRESS			
STREET ADDRESS			3.4. CITY-	ST-ZIP		<u>. ; </u>	<u> </u>
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change	· [] Addition
NAME			4. 2 NAME	■			
STREET ADDRESS	·		4.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	I		Change	☐ Addition
NAME			5.2 NAME	Į.	•	•	
STREET ADDRESS				ET ADDRESS		•	
CITY-ST-ZIP			5.4 CITY-		1	E3 Chart	€ Addition
TITLE		☐ DELETE	6.1 TITLE		·	Change	☐ Addition
1	I		6.2 NAME	: I			

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, with all other like empowered. CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

1/12/99 Date

FILED

Jan 27, 1999 8:00am

Secretary of State

01-27-1999 90048 046 ***150.00

212-333-2100