

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K97727**

(7)

1. Corporation Name
THE PALMS OF LIVINGSTON, INC.



Principal Place of Business
**800 THIRD AVENUE
24TH FLOOR
NEW YORK NY 10022**

Mailing Address
**800 THIRD AVENUE
24TH FLOOR
NEW YORK NY 10022-7804**

3. Date Incorporated or Qualified
06/23/1989

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
58-1854640

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

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

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 of corporation or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	COMBE MALE, NICHOLAS	
STREET ADDRESS	800 THIRD AVENUE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	SMITH, WAYNE R	
STREET ADDRESS	800 THIRD AVENUE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLDSBERG, JEFFREY	
STREET ADDRESS	800 THIRD AVENUE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VAT	<input checked="" type="checkbox"/> DELETE
NAME	GUZMAN, VIVIANNA	
STREET ADDRESS	800 THIRD AVENUE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RANKIN, DAVID P	
STREET ADDRESS	800 THIRD AVENUE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	COGHLIN, JOHN H	
STREET ADDRESS	800 THIRD AVENUE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. Christopher Beck	
1.3 STREET ADDRESS	800 Third Avenue, 24th Floor	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input 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 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 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:

John H. Coghlin, Secretary

1/6/97

212-750-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004427

CR2E034 (9/96)