

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L19390** (8)

1. Corporation Name

REDBIRD REALTY HOLDINGS INC.



Principal Place of Business

Mailing Address

599 LEXINGTON AVE
26TH FLOOR
NEW YORK NY 10043
US

599 LEXINGTON AVE
26TH FLOOR
NEW YORK NY 10043

3. Date Incorporated or Qualified 09/29/1989	3a. Date of Last Report 11/28/1995
4. FEI Number 13-3668861	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

UNITED CORPORATE SERVICES, INC.
801 NE 167TH STREET
SUITE 300
NORTH MIAMI FL 33162

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, etc. (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSTEIN, PATRICIA F.	1.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAHILL, WILLIAM T.	2.2 NAME	
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDY, THOMAS K.	3.2 NAME	Handy, Thomas K
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	3.3 STREET ADDRESS	One Court Square
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Long Island City, NY 11120
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREYKA, TIMOTHY E.	4.2 NAME	Andreyka, Timothy E.
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	4.3 STREET ADDRESS	2502 Rocky Point Road
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	VPAS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDGE, BRUCE D.	5.2 NAME	Burdge, Bruce
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	5.3 STREET ADDRESS	2502 Rocky Point Road
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE	VPT <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDI, TERESA	6.2 NAME	Brandi, Teresa
STREET ADDRESS	599 LEXINGTON AVE 26TH FLOOR	6.3 STREET ADDRESS	850 Third Avenue
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP	New York, NY 10043

14. I do hereby certify that the information supplied with this filing 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 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:

William T. Cahill
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)