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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

NAME

STREET ADDRESS CITY+ST-ZIP M48970

(1)

Mailing Address

DARBY PROPERTIES, INC.

| FILED | | | | | | | | | | |
|--------------------|---|--|--|--|--|--|--|--|--|--|
| Mar 04 1998 8:00am | 1 | | | | | | | | | |
| Secretary of State | | | | | | | | | | |

| SUITE 4700 NEW YORK I US | VE. NY 10110-0002 | 500 FIFTH AVE. Suite 4700 New York Ny 10110-000 US | 2 | | | 3. Date Inc. 03/24 | orporated or C | | I THIS SPACE | | |
|--------------------------------|--|---|---------------------------|----------|-------------------|----------------------|------------------|---------------|--------------|-----------|-------------|
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Num | | | | App | lied For |
| 21 500 I | Fifth Avenue | 26 500 Fifth Av | zenue | | | 12-2 | 436495 | | <u> </u> | | Applicable |
| Suite, Apt. | | Suite, Apt. #, etc. | | | | 60 7F | | | | | |
| 22 Suite | 2 Î 710 | 27 Suite 1710 | | | | 5. Certificat | le of Status De | sired 2 | A 1 ' | ee Regi | |
| City & Stat | | City & State | | | 1 | 6 Election | Campaign Fin | anoina | | | |
| | ork, NY 10110-0002 | 28 New York, NY | 7 101 | 10- | -0002 | | nd Contribution | _ | | .00 M | |
| Zip | Country | Zip | Country | | 0002 | | oration owes | | | | |
| 24 | 25 | 29 | 30 | | | | Property Tax | · · | | | |
| | 9. Name and Address of Current | 1 | | | | | nd Address of | | | | |
| TA | YLOR, KITTY | | 81 | Na | ame | | | | | | |
| | 01 ESTERO BLVD | | | <u> </u> | | 45.0 ft 1 | | | | | |
| | MYERS FL 33931 | | 82 | St | reet Address | s (P.O. Box N | lumber is Not | Acceptable) | | | |
| 1 | THE POOL | | 83 | † | | | | | | | |
| | | | | <u> </u> | | | | | | | · |
| | | | 84 | Ci | ity | | | | FL 85 | Zip Co | de |
| 11 Pursuant | to the provisions of Sections 607.0502 | and 607 1508. Florida Statutes | the about | 0.00 | mod corpora | tion cultimite | this statement | for the pure | occ of obocc | ina ita i | natiotored |
| l office or r | egi ste red agent, or both, in the State c | if Florida. Such change was au | ithorized by | v the | corporation | 's board of d | irectors. I here | by accept the | ne appointme | nt as re | gistered |
| agent. La | m familiar with, and accept the obligat | ions of, Section 607.0505, Ffor | ida Statute: | S. | | | | | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and the Hannington MOTE | Classial and Ass | | matura required w | A | | | | | |
| 12. | OFFICERS AND | | 13. | впі вір | natura requireo w | | S/CHANGES | | DATE | YTOD9 | IN 12 |
| TITLE | PD | DELETE | 1.1 TITLE | | <u> </u> | ADDITION | O/OTIAIVALO | OUTTOLIN | X Cha | | Addition |
| NAME | HAKIM, JOSEPH E. | | 1.2 NAME | | | | | | | go [| |
| STREET ADDRESS | 500 FIFTH AVENUE, SUITE 47 | nn | 1.3 STREET | r anna | 500 |) E4#4% | Avenue | Contain | 1210 | | |
| CITY-ST-ZIP | NEW YORK NY | •• | | | | | | | | | |
| TITLE | T | DELETE | 1.4 CITY - S 2.1 TITLE | 51 - ZIP | Nev | V IOTK. | NY 101 | .10-000 | 12 □ Cha | nge | Addition |
| NAME | CORCORAN, ROBERT W | | | | | | | | CK ON | ngo [| ADDINION |
| | 500 FIFTH AVENUE, SUITE 47 | ΛΛ | 2.2 NAME | | 500 | 1 194 E + 1- | A | | | | |
| STREET ADDRESS | NEW YORK NY | VV | 2.3 STREET | | | | Avenue, | | | | |
| CITY-ST-ZIP | INCH TOUR INT | DELETE | 2. 4 CITY-5 | ST - ZIP | New | v York, | NY 101 | 10-000 | | | T salado. |
| TITLE | | ☐ DETEUE | 3.1 TITLE | | | | | | ☐ Cha | nge (| Addition |
| NAME | | | 3.2 NAME | | | | | | | | |
| STREET ADORESS | | | 3.3 STREET | | | | | | | | |
| CITY-ST-ZIP | | DELETE | 3.4. CITY - 5 | ST-ZIP | <u> </u> | | | | | | -1 |
| TITLE | | ☐ DELETE | 4.1 TiTL€ | | | | | | ☐ Cha | nge [| Addition |
| NAME | | | 4. 2 NAME | | ľ | | | | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDR | IESS | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-S | T-ZIP | | | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | | | | | ☐ Cha | nge [| Addition |
| NAME | | | 5.2 NAME | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET | ADDRI | ESS . | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-S | T-ZiP | | | | | | | |
| TITLE | | DELETE | 04.7/71.5 | | | | | | □ Ch. | T | 1 A 4 4 (8) |

6.2 NAME

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 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.