

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M66027 (7)

1. Corporation Name

SYLVAN HILLS CORPORATION

Principal Place of Business

230 S. SUNCOAST BLVD.
P.O. BOX 2575
CRYSTAL RIVER FL 32629

Mailing Address

230 S. SUNCOAST BLVD.
P.O. BOX 2575
CRYSTAL RIVER FL 32629

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/27/1988

3a. Date of Last Report

04/22/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2880627

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYES ST
STE 105
TALL. FL 32301

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DS
NAME RANIERI, SALVATORE A.
STREET ADDRESS C/O RANIERI & CO. 50 CHARLES LINDBERGH BLV
CITY - ST - ZIP UNIONDALE NY

TITLE DP
NAME RANIERI, L
STREET ADDRESS C/O RANIERI & CO. 50 CHARLES LINDBERGH BLVD
CITY - ST - ZIP UNIONDALE NY

TITLE DTV
NAME WILSON, KENDRICK R. II
STREET ADDRESS ONE ROCKFELLER PLAZO
CITY - ST - ZIP NEW YORK NY

TITLE D
NAME COHEN, STANLEY L.
STREET ADDRESS ONE LIBERTY PLAZA
CITY - ST - ZIP NEW YORK, NY.

TITLE D
NAME MANIATTY, CONNIE S.
STREET ADDRESS ONE NEW YORK PLAZA
CITY - ST - ZIP NEW YORK, NY.

TITLE ASV
NAME GOLUSH, DAVID M. C/O R
STREET ADDRESS 50 CHARLES LINDBERGH BLVD, STE 500
CITY - ST - ZIP UNIONDALE NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

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 110.07(4)(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 or Block 14, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M. GOLUSH

VICE PRESIDENT AND

ASSISTANT SECRETARY 4/26/95

Date

Signature Item #