

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90092 039 ***150.00

DOCUMENT # M66027

1. Corporation Name

SYLVAN HILLS CORPORATION



Principal Place of Business

Mailing Address

C/O RANIERI & CO INC
50 CHARLES LINDBERGH BLVD. STE 500
UNIONDALE NY 11553
US

C/O RANIERI & CO INC
50 CHARLES LINDBERGH BLVD. STE 500
UNIONDALE NY 11553
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1988

4. FEI Number

59-2880627

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYES ST
STE 105
TALL. 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, typed 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 **D** ☐ DELETE
NAME **MULLEN, JOHN F**
STREET ADDRESS **50 CHARLES LINDBERGH BLVD, STE 500**
CITY-ST-ZIP **UNIONDALE NY 11553**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Cohen, Stanley**
1.3 STREET ADDRESS **One World Trade Center, 59th Floor**
1.4 CITY-ST-ZIP **New York, NY 10048**

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

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Maniatty, Connie**
2.3 STREET ADDRESS **7 World Trade Center, 33rd Floor**
2.4 CITY-ST-ZIP **New York, NY 10048**

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

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Kaufman, Henry**
3.3 STREET ADDRESS **660 Madison Avenue**
3.4 CITY-ST-ZIP **New York, NY 10021**

TITLE **DTV** ☐ DELETE
NAME **WILSON, KENDRICK R III**
STREET ADDRESS **85 BROAD ST, 18TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10004**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **Brandt, Laura M.**
4.3 STREET ADDRESS **50 Charles Lindbergh Blvd., Suite 500**
4.4 CITY-ST-ZIP **Uniondale, NY 11553**

TITLE **DASV** ☒ DELETE
NAME **GOLUSH, DAVID M**
STREET ADDRESS **50 CHARLES LINDBERGH BLVD, STE 500**
CITY-ST-ZIP **NEW YORK NY 11553**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **DASV** ☐ DELETE
NAME **GOLUSH, DAVID M. C/O R**
STREET ADDRESS **50 CHARLES LINDGERG BLVD, STE 500**
CITY-ST-ZIP **UNIONDALE NY**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)