

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 # M99979 (0)

1. Corporation Name

GOLDEN TRIANGLE REALTY, INC.



Principal Place of Business

60 CUTTER MILL ROAD
SUITE 212
GREAT NECK NY 11021

Mailing Address

60 CUTTER MILL ROAD
SUITE 212
GREAT NECK NY 11021

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

CORPLEX REALTY INC
6767 NORTH WICKHAM ROAD
SUITE 400
MELBOURNE FL 32940

3. Date Incorporated or Qualified

09/19/1988

3a. Date of Last Report

04/04/1995

4. FEI Number

13-3483957

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

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 new state agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME MARCHESO, JOSEPH J.
STREET ADDRESS 6767 NORTH WICKHAM ROAD - SUITE 400
CITY-ST-ZIP MELBOURNE FL 32940 ☐ DELETE

TITLE DP
NAME GOLDING, HARRIET
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021 ☐ DELETE

TITLE DVP
NAME LEVY, JERROLD, G
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY ☐ DELETE

TITLE T
NAME JARDINE, JEFFREY P
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021 ☐ DELETE

TITLE S
NAME SCHLOSSBERG, MORTON, J
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021 ☐ DELETE

TITLE AS
NAME STANZIONE, BARBARA T
STREET ADDRESS 60 CUTTER MILL ROAD - SUITE 212
CITY-ST-ZIP GREAT NECK NY 11021 ☐ DELETE

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/96

(516) 487-0440

Daytime Phone #

CR2E034 (12/95)