

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P02962 (9)

1. Corporation Name

SB PARTNERS REAL ESTATE CORPORATION

Principal Place of Business

Mailing Address

666 FIFTH AVENUE
26TH FLOOR
NEW YORK NY 10103
US

666 FIFTH AVENUE
26TH FLOOR
NEW YORK NY 10103
US

3. Date Incorporated or Qualified
08/08/1984

3a. Date of Last Report
01/31/1995

4. FEI Number

13-2636431

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 corporation and then, if applicable,

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	DELETE
NAME	STREICKER, JOHN H.	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	N.Y. NY	
TITLE	S	DELETE
NAME	WERMAN, SUSAN T	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	N.Y. NY	
TITLE	D	DELETE
NAME	CASSIDY, MILLIE C.	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	NY, NY	
TITLE	D	DELETE
NAME	WEINER, DAVID W.	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	N.Y., N.Y.	
TITLE	D	DELETE
NAME	KURTZ, CHRISTINE C.	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	D	DELETE
NAME	WEINBERGER, MICHAEL	
STREET ADDRESS	666 FIFTH AVENUE	
CITY - ST - ZIP	NEW YORK NY	

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

400001869964
-06/20/96--01065--035
****225.00 ****225.00

400001869964
-06/20/96--01065--035
*****8.75 *****8.75

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Susan T. Werman, Susan T. Werman

6/11/96

213-408-2939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (3/96)