


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

000412

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

04-26-1999 90116 005 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06716					
1. Corporation Name TURNER DEVELOPMENT CORPORATION					
Principal Place of Business 375 HUDSON STREET NEW YORK NY 10014			Mailing Address 375 HUDSON STREET NEW YORK NY 10014		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/12/1985	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 13-2686470	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			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 reinstating.) DATE					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE PC <input type="checkbox"/> DELETE			1.1 TITLE C.EOP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME PARMELEE, HAROLD J			1.2 NAME		
STREET ADDRESS 375 HUDSON ST.			1.3 STREET ADDRESS		
CITY-STATE-ZIP NY NY			1.4 CITY-STATE-ZIP		
TITLE V <input checked="" type="checkbox"/> DELETE			2.1 TITLE VTC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME SMITH, DAVID J			2.2 NAME ALEXANDER, ANDREW S.		
STREET ADDRESS 375 HUDSON ST.			2.3 STREET ADDRESS 375 HUDSON STREET		
CITY-STATE-ZIP NY NY			2.4 CITY-STATE-ZIP NEW YORK, NY 10014		
TITLE V <input checked="" type="checkbox"/> DELETE			3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME FIELD, R T			3.2 NAME GRAVETTE, ELLIS T. JR		
STREET ADDRESS 2500 SW THIRD AVENUE			3.3 STREET ADDRESS 375 HUDSON STREET		
CITY-STATE-ZIP MIAMI FL			3.4 CITY-STATE-ZIP NEW YORK, NY 10014		
TITLE AT <input checked="" type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME ADLER, MARVIN L			4.2 NAME		
STREET ADDRESS 375 HUDSON ST			4.3 STREET ADDRESS		
CITY-STATE-ZIP NEW YORK NY			4.4 CITY-STATE-ZIP		
TITLE TC <input type="checkbox"/> DELETE			5.1 TITLE CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME SLEEMAN, D.G.			5.2 NAME		
STREET ADDRESS 375 HUDSON STREET			5.3 STREET ADDRESS		
CITY-STATE-ZIP NEW YORK NY			5.4 CITY-STATE-ZIP		
TITLE S <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GOZO, SARA J			6.2 NAME		
STREET ADDRESS 375 HUDSON STREET			6.3 STREET ADDRESS		
CITY-STATE-ZIP NEW YORK NY			6.4 CITY-STATE-ZIP		



DO NOT WRITE IN THIS SPACE

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

ANDREW S. ALEXANDER 4/13/99

Date

(212) 229-6000

Daytime Phone #

CR2E034 (11/98)