

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 4: 55

DOCUMENT # P16002 (8)

1. Corporation Name
LANCELOT REAL ESTATE CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 0000 1 4880 7 1
-05/16/95--01012--007
****225.00 ****225.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US**

3. Date Incorporated or Qualified **09/17/1987** 3a. Date of Last Report **05/01/1994**
4. FEI Number **13-3375069** 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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
24 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SMITH, T.J.
STREET ADDRESS	45 ROCKEFELLER PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	VPAS
NAME	VERSAGGI, J.
STREET ADDRESS	150 E. 45TH ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	WEAVER, R B
STREET ADDRESS	1 CHASE MANHATTAN PLAZA
CITY - ST - ZIP	NEW YORK NY
TITLE	VPAS
NAME	REEVES, R.M.
STREET ADDRESS	150 E. 45TH ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	D
NAME	RUSBY, G.
STREET ADDRESS	SHELL CENTRE
CITY - ST - ZIP	LONDON EN
TITLE	D
NAME	RICHARDSON, R. J.
STREET ADDRESS	87 BOWMAN DRIVE
CITY - ST - ZIP	GREENWICH CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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(3)(k), Florida Statutes. I further certify that the information indicated on the 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 the 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: *Joseph A. Versaggi* **Joseph A. Versaggi** Date _____ 212-622-3850
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR (Anytime)