

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 # P16002 (8)

1. Corporation Name

LANCELOT REAL ESTATE CORPORATION



Principal Place of Business

Mailing Address

C/O HOWE & ADDINGTON  
450 LEXINGTON AVE #3800  
NEW YORK NY 10017  
US

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  
05/01/1995

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD  
NAME SMITH, T.J.  
STREET ADDRESS 45 ROCKEFELLER PLAZA  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VPAS  
NAME VERSAGGI, J.  
STREET ADDRESS 150 E. 45TH ST.  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D  
NAME WEAVER, R B  
STREET ADDRESS 1 CHASE MANHATTAN PLAZA  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE VPAS  
NAME REEVES, R.M.  
STREET ADDRESS 150 E. 45TH ST.  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE D  
NAME RUSBY, G.  
STREET ADDRESS SHELL CENTRE  
CITY-ST-ZIP LONDON EN ☐ DELETE

TITLE D  
NAME RICHARDSON, R. J.  
STREET ADDRESS 67 BOWMAN DRIVE  
CITY-ST-ZIP GREENWICH CT ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME AMRESKO Advisors, Inc.  
2.3 STREET ADDRESS 265 Franklin St. 18th Floor  
2.4 CITY-ST-ZIP Boston, MA 02110

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS Wheat Lane  
3.4 CITY-ST-ZIP Darien, CT 06820

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME AMRESKO Advisors, Inc.  
4.3 STREET ADDRESS 265 Franklin St.; 18th Floor  
4.4 CITY-ST-ZIP Boston, MA 02110

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

6.1 TITLE ☐ Change ☐ 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 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, changed, or on an attachment with an address.

SIGNATURE:

*Thomas J. Smith*

Thomas J. Smith

APR 17, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)