

**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 <b>09/17/1987</b>	3a. Date of Last Report <b>05/01/1995</b>
--	--

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

4. FEI Number <b>13-3375069</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	SMITH, T.J.	
STREET ADDRESS	45 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	VERSAGGI, J.	
STREET ADDRESS	150 E. 45TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, R B	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	REEVES, R.M.	
STREET ADDRESS	150 E. 45TH ST.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSBY, G.	
STREET ADDRESS	SHELL CENTRE	
CITY-ST-ZIP	LONDON EN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, R. J.	
STREET ADDRESS	67 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMRESO Advisors, Inc.
2.3 STREET ADDRESS	265 Franklin St. 18th Floor
2.4 CITY-ST-ZIP	Boston, MA 02110
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Wheat Lane
3.3 STREET ADDRESS	Darien, CT 06820
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AMRESO Advisors, Inc.
4.3 STREET ADDRESS	265 Franklin St.; 18th Floor
4.4 CITY-ST-ZIP	Boston, MA 02110
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 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 19, 1996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)