

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

FILED
May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P16002 (8)

1. Corporation Name
LANCELOT REAL ESTATE CORPORATION



Principal Place of Business C/O HOWE & ADDINGTON 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US	Mailing Address C/O HOWE & ADDINGTON 450 LEXINGTON AVE #3800 NEW YORK NY 10017-3911 US
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3. Date Incorporated or Qualified 09/17/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 13-3375069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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)	
83	
84 City	FL

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's 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 checked="" type="checkbox"/> DELETE
NAME	AMRESKO ADVISORS, INC.	
STREET ADDRESS	265 FRANKLIN STREET, 18TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEAVER, R B	
STREET ADDRESS	WHEAT LAND	
CITY-ST-ZIP	DARIEN CT	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	AMRESKO ADVISORS, INC.	
STREET ADDRESS	265 FRANKLIN STREET, 18TH FLOOR	
CITY-ST-ZIP	BOSTON MA	
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	14 Briarwood Lane
14 CITY-ST-ZIP	Suffern, NY 10901
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Director
23 STREET ADDRESS	Nick Pettinatti
24 CITY-ST-ZIP	Shell Centre, London SE1 7NA
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

SIGNATURE *Thomas J. Smith* Thomas J. Smith (914) 425-8630

CR2E034 (9/96)