

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

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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P16060 (6)

1. Corporation Name
ROSEBUD PROPERTIES, INC.

Principal Place of Business
7 WEST 34TH ST
NEW YORK NY 10001-3001

Mailing Address
7 WEST 34TH ST
NEW YORK NY 10001-8100



3. Date Incorporated or Qualified 09/23/1987
3a. Date of Last Report 02/09/1996

2. Principal Place of Business

21 ONE PENN PLAZA
Suite, Apt. #, etc.

22 SUITE 4015
City & State

23 NEW YORK, NY
Zip

24 10119 Country

2a. Mailing Address

26 ONE PENN PLAZA
Suite, Apt. #, etc.

27 SUITE 4015
City & State

28 NEW YORK, NY
Zip

29 10119 Country

4. FEI Number 13-3453628
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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WENK, JOSEPH R.	
STREET ADDRESS	7 WEST 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	RODGERS, ROBERT H.	
STREET ADDRESS	7 WEST 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SIMS, MICHAEL S.	
STREET ADDRESS	7 WEST 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SEIDNER, MARTIN L.	
STREET ADDRESS	7 WEST 34TH ST	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	FISHMAN, RONALD B	
STREET ADDRESS	7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	ONE PENN PLAZA, SUITE 4015
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10119
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	ONE PENN PLAZA, SUITE 4015
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10119
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	ONE PENN PLAZA, SUITE 4015
3.4 CITY-ST-ZIP	NEW YORK, N.Y. 10119
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	ONE PENN PLAZA, SUITE 4015
4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10119
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	ONE PENN PLAZA, SUITE 4015
5.4 CITY-ST-ZIP	NEW YORK, N.Y. 10119
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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL SIMS

4/30/97

(212) 941-9220

CR2E034 (9/96)