

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 # P22132 (5)

1. Corporation Name

DRM FIVE REALTY CORPORATION

Principal Place of Business

Mailing Address

% DREYFUS REALTY ADVISORS, INC.
1180 AVENUE OF THE AMERICAS 18TH FLOOR
NEW YORK NY 10036-8401

% DREYFUS REALTY ADVISORS, INC.
1180 AVENUE OF THE AMERICAS 18TH FLOOR
NEW YORK NY 10036-8401



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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/15/1988	04/10/1995
4. FEI Number	Applied For
59-2919884	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VS
NAME	TANSEY, FRANCIS X.	1.2 NAME	James F. Havin
STREET ADDRESS	1180 AVE OF THE AMERICAS	1.3 STREET ADDRESS	1180 Avenue of Americas
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10036
TITLE	VS	2.1 TITLE	V
NAME	KIRTCHEFF, ROBERT K	2.2 NAME	Andrew E. Peltz
STREET ADDRESS	1180 AVE OF THE AMERICAS	2.3 STREET ADDRESS	1180 Avenue of Americas
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10036
TITLE	VT	3.1 TITLE	D
NAME	LUSKI, DAVID	3.2 NAME	Caroline S. McBride
STREET ADDRESS	1180 AVE OF THE AMERICAS	3.3 STREET ADDRESS	3001 Summer Street
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Stamford, CT 06905
TITLE	C	4.1 TITLE	D
NAME	CADIGAN, THOMAS F.	4.2 NAME	Steven Goldmark
STREET ADDRESS	262 HARBOR DRIVE	4.3 STREET ADDRESS	3001 Summer Street
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	Stamford, CT 06905
TITLE	D	5.1 TITLE	
NAME	BLAIR, WILLIAM H.	5.2 NAME	
STREET ADDRESS	262 HARBOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	VALENTINE, JOHN W.	6.2 NAME	
STREET ADDRESS	1211 AVE OF THE AMERICAS	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Luski 4/12/96

Date

Daytime Phone #

CR2E034 (12/95)