

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 AM 9:24

DOCUMENT # P28368

(9)

1. Corporation Name

FLAMINGO PLAZA REALTY, INC.

Principal Place of Business

**48 WALL ST
16TH FLR
NEW YORK NY 10286
US**

Mailing Address

**48 WALL ST
16TH FLR
NEW YORK NY 10286
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/05/1990

3a. Date of Last Report

04/08/1994

4. FEI Number

13-3563016

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

22

City & State

27

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 the applicable:

(NOTE: Registered Agent Signature required when changing)

(b)(1)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**PD
ROGAN, BRIAN G.
ONE WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**V
LEARY, JOSEPH F.
48 WALL ST, 16TH FLR
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D
KRAUS, DAVID P.
ONE WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**T
SCRAGG, WILLIAM M.
ONE WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**D
DIETZ, HAROLD F.
ONE WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**S
MCSWIGGAN, JACQUELINE, R
48 WALL STREET
NEW YORK NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

**PD
Silitch, Nicholas C.
One Wall Street
New York, NY 10286**

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

☐ Change ☐ Addition

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 119.072, Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 registered corporation empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE:

William M. Scragg
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

1/11/95 (212) 635-8230
Date Telephone