

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

FILED

Jan 24 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 # 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 10005-2801
US

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 02/11/1996

2. Principal Place of Business: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

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

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 of registered agent and typed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P
NAME	SILITCH, NICHOLAS C	1.2 NAME	MARK R. SLANE
STREET ADDRESS	1 WALL ST	1.3 STREET ADDRESS	1 WALL STREET
CITY - ST - ZIP	NEW YORK NY	1.4 CITY - ST - ZIP	NEW YORK, NY
TITLE	V	2.1 TITLE	
NAME	LEARY, JOSEPH F.	2.2 NAME	
STREET ADDRESS	48 WALL ST, 16TH FLR	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	KRAUS, DAVID P.	3.2 NAME	
STREET ADDRESS	ONE WALL STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	SCRAGG, WILLIAM M.	4.2 NAME	
STREET ADDRESS	ONE WALL STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	DIETZ, HAROLD F.	5.2 NAME	
STREET ADDRESS	ONE WALL STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	
NAME	MCSWIGGAN, JACQUELINE, R	6.2 NAME	
STREET ADDRESS	48 WALL STREET	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 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: Joseph F. Leary - Joseph F. LEARY 1/10/97 212-495-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR V.P. Date Daytime Phone # 0004751

CR2E034 (9/96)