

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P28368

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

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90018 032 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/05/1990

2. Principal Place of Business
21 100 Church St. - 9th Fl.

2a. Mailing Address
26 100 Church St. - 9th Fl.

4. FEI Number
13-3563016

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 New York, NY 10286

City & State
28 New York, NY 10286

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 25

Zip Country
29 30

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ 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
NAME SLANE, MARK R
STREET ADDRESS 1 WALL ST
CITY-ST-ZIP NEW YORK NY ☒ DELETE

1.1 TITLE Harold Dietz, President ☒ Change ☐ Addition
1.2 NAME 1 Wall Street
1.3 STREET ADDRESS New York, NY
1.4 CITY-ST-ZIP

TITLE V
NAME LEARY, JOSEPH F.
STREET ADDRESS 48 WALL ST, 16TH FLR
CITY-ST-ZIP NEW YORK NY ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME KRAUS, DAVID P.
STREET ADDRESS ONE WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE V
NAME HEINIMANN, THOMAS
STREET ADDRESS 48 WALL ST
CITY-ST-ZIP NEW YORK NY ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME DIETZ, HAROLD F.
STREET ADDRESS ONE WALL STREET
CITY-ST-ZIP NEW YORK NY ☒ DELETE

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Kenneth Johnson
5.3 STREET ADDRESS One Wall St., New York, NY
5.4 CITY-ST-ZIP

TITLE S
NAME MCSWIGGAN, JACQUELINE, R
STREET ADDRESS 48 WALL STREET
CITY-ST-ZIP NEW YORK NY ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)