

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 # **P35444**

(9)

1. Corporation Name

PARKWOOD PROPERTIES CORP.

Principal Place of Business

Mailing Address

C/O BANKERS TRUST COMPANY
280 PARK AVENUE, 23 WEST
NEW YORK NY 10017

C/O BANKERS TRUST COMPANY
280 PARK AVENUE, 23 WEST
NEW YORK NY 10017



3. Date Incorporated or Qualified

09/10/1991

3a. Date of Last Report

07/25/1995

4. FEI Number

13-3626717

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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

P

☐ DELETE

NAME

EGAN, JAMES D.

STREET ADDRESS

280 PARK AVE.,

CITY-ST-ZIP

NEW YORK NY

TITLE

VP

☐ DELETE

NAME

JOHNSON, ALEXANDER B.V.

STREET ADDRESS

280 PARK AVE., 23 WEST

CITY-ST-ZIP

NEW YORK NY

TITLE

VP

☐ DELETE

NAME

MORRISON, BRUCE

STREET ADDRESS

280 PARK AVE.,

CITY-ST-ZIP

NEW YORK NY

TITLE

T

☐ DELETE

NAME

SCHULMAN, STEWART

STREET ADDRESS

280 PARK AVE., 23 WEST

CITY-ST-ZIP

NEW YORK NY 10017

TITLE

AT/S

☐ DELETE

NAME

DIGRAEIA, JOSEPH

STREET ADDRESS

130 LIBERTY ST.

CITY-ST-ZIP

NEW YORK NY 10017

TITLE

VP

☐ DELETE

NAME

SPOSITO, GREGORY

STREET ADDRESS

280 PARK AVE

CITY-ST-ZIP

NEW YORK NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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 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:

Stewart Schulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)