

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40462

(4)

1. Corporation Name

BLDG ASSOCIATES, INC.



Principal Place of Business

Mailing Address

C/O BLDG MANAGEMENT CO. INC.
52 VANDERBILT AVENUE, SUITE 1600
NEW YORK NY 10017

C/O BLDG MANAGEMENT CO. INC.
52 VANDERBILT AVENUE, SUITE 1600
NEW YORK NY 10017

3. Date Incorporated or Qualified

09/14/1992

3a. Date of Last Report

02/07/1995

4. FEI Number

13-3556368

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. New York

26. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

22. City & State

27. City & State

23. City & State

28. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

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 corporation

Date Registered Agent Signature required when registering

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PD	GOLDMAN, LLOYD	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>
V	SONNENFELDT, MICHAEL	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>
V	GOLDMAN, VICTORIA	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>
V	ISRAELOW, MARVIN	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>
SD	GOLDMAN, KATJA	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>
TD	GOLDMAN, DORIAN	%52 VANDERBILT AVE.,1600	NEW YORK NY	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	DELETE
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	<input type="checkbox"/>
2. TITLE	2. NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	<input type="checkbox"/>
3. TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	<input type="checkbox"/>
4. TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	<input type="checkbox"/>
5. TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	<input type="checkbox"/>
6. TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	<input type="checkbox"/>

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, upon appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)