

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

FILED
Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P40462** (4)
1. Corporation Name
BLDG ASSOCIATES, INC.

Principal Place of Business
**C/O BLDG MANAGEMENT CO. INC.
52 VANDERBILT AVENUE, SUITE 1800
NEW YORK NY 10017**

Mailing Address
**C/O BLDG MANAGEMENT CO. INC.
52 VANDERBILT AVENUE, SUITE 1800
NEW YORK NY 10017-3808**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/14/1992	3a. Date of Last Report 06/05/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3556368	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	12 NAME	
CITY-ST-ZIP		13 STREET ADDRESS	
	<input type="checkbox"/> DELETE	14 CITY-ST-ZIP	
TITLE	NAME	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	22 NAME	
CITY-ST-ZIP		23 STREET ADDRESS	
	<input type="checkbox"/> DELETE	24 CITY-ST-ZIP	
TITLE	NAME	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	32 NAME	
CITY-ST-ZIP		33 STREET ADDRESS	
	<input type="checkbox"/> DELETE	34 CITY-ST-ZIP	
TITLE	NAME	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	42 NAME	
CITY-ST-ZIP		43 STREET ADDRESS	
	<input type="checkbox"/> DELETE	44 CITY-ST-ZIP	
TITLE	NAME	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	52 NAME	
CITY-ST-ZIP		53 STREET ADDRESS	
	<input type="checkbox"/> DELETE	54 CITY-ST-ZIP	
TITLE	NAME	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	62 NAME	
CITY-ST-ZIP		63 STREET ADDRESS	
	<input type="checkbox"/> DELETE	64 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 _____

CR2E034 (9/96)