FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL 10 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P92000002310 (0)

1. Corporation Name
PALM RIVER CENTER REALTY INC.

Principal Place of Business	Mailing Address
599 LEX AVE 26 FI NEW YORK FL 10043	UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
11/05/1992	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number 13-3695309 ☐ 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	10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH STREET, SUITE 300 NORTH MIAMI BEACH FL 33162	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CAHILL, WILLIAM T	12 NAME		
STREET ADDRESS	599 LEXINGTON AVE	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10043	14 CITY-ST-ZIP		
TITLE	VS	21 TITLE	VS	☒ Change ☐ Addition
NAME	MCCARTHY, JOSEPH	22 NAME	Handy, Thomas K.	
STREET ADDRESS	2502 ROCKY POINT ROAD	23 STREET ADDRESS	2001 Ross Avenue	
CITY-ST-ZIP	TAMPA FL 33607	24 CITY-ST-ZIP	Dallas, TX 75201	
TITLE	VAS	31 TITLE	VAS	☒ Change ☐ Addition
NAME	MORRA, PAUL E	32 NAME	Andreyka, Timothy	
STREET ADDRESS	2502 ROCKY POINT ROAD	33 STREET ADDRESS	2502 Rocky Point Road	
CITY-ST-ZIP	TAMPA FL 33607	34 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	VPT	41 TITLE	VT	☒ Change ☐ Addition
NAME	CALIA, VITO	42 NAME	Brandi, Teresa	
STREET ADDRESS	850 THIRD AVE	43 STREET ADDRESS	850 Third Avenue	
CITY-ST-ZIP	NEW YORK NY 10043	44 CITY-ST-ZIP	New York, NY 10043	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	GOLSTEIN, PATRICIA	52 NAME		
STREET ADDRESS	599 LEXINGTON AVE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10043	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: William T. Cahill 5/2/95 212-559-4850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William T. Cahill

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