

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 # P92000002310 (0)

1. Corporation Name

PALM RIVER CENTER REALTY INC.



Principal Place of Business

599 LEX AVE 26 F1  
NEW YORK FL 10043

Mailing Address

UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH ST. SUITE 300  
NORTH MIAMI BEACH FL 33162

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

3. Date Incorporated or Qualified

11/05/1992

3a. Date of Last Report

07/10/1995

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

10. Name and Address of New Registered Agent

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
CAHILL, WILLIAM T  
STREET ADDRESS 599 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10043

TITLE ☐ DELETE

NAME VS  
HANDY, THOMAS K.  
STREET ADDRESS 2001 ROSS AVE  
CITY-ST-ZIP DALLAS TX

TITLE ☐ DELETE

NAME VAS  
ANDREYKA, TIMOTHY  
STREET ADDRESS 2502 ROCKY POINT ROAD  
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VT  
BRANDI, TERESA  
STREET ADDRESS 850 THIRD AVE  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME D  
GOLSTEIN, PATRICIA  
STREET ADDRESS 599 LEXINGTON AVE  
CITY-ST-ZIP NEW YORK NY 10043

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VS  
Handy, Thomas K.  
One Court Square  
Long Island City, NY 11120

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:

*William T. Cahill*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)