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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000012034 (3)

WILLIAMSBERRY DEVELOPMENT CORP. II

Principal Place of Business Mailing Address

888 SEVENTH AVENUE C/O THE BROAD

SUITE 3400 888 SEVENTH AVENUE

Mailing Address

C/O THE BROADSTONE GROUP
888 SEVENTH AVE., STE. 3400

FILED
Jan 30 1997 8:00 am
Secretary of State



SUITE 3400 NEW YORK US	NY 10106-0199	868 SEVENTH AVE., STE NEW YORK NY 10108-00 US				
US		US			3. Date Incorporated or Qualified 02/16/1993	3a. Date of Last Report 05/01/1996
	Place of Business	2a. Marling Address			4. FEI Number	Applied For
21		26			13-3705092	Not Applicable
Suite, Ap	et #, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for	
24	25	₂₉ 10106-0199	30			Yes No
	9. Name and Address of Curr				10. Name and Address of New Re	pistered Agent
	ATIONAL CORPORATE RESEAR	CH, LTD.	81	Name		
1406 HAYS STREET, SUITE 2			82	82 Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE FL 32301					,	
			83			
			84	City	· · · · · · · · · · · · · · · · · ·	85 Zip Code
			•	City		FL 85 Zip Code
11. Pursuar office or agent 1	nt to the provisions of Sections 607.0 r registered agent, or both, in the Sta am fam⊪ar with, and accept the obl	502 and 607.1508, Florida Statu ite of Florida. Such change was ligations of, Section 607.0505, Fl	tes, the above authorized b lorida Statute	re-named cor y the corpora s.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE						
	Signature, typied or printed name of registered a			ent signature requ	ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	MOLLOD, MICHAEL A	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition
NAME	ODD CENTRAL AND CTC OA	00	1.2 NAME			
STREET ADDRESS	9	00	1.3 STREE	TADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY -	SI-ZIP		
TITLE	5	☐ DELETE	2.1 TITLE			Change Addition
NAME	SPOTO, ANTONINA L		2.2 NAME			
STREET ADORESS		100	2 3 STREE	T ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2. 4 CITY-	ST-ZIP		
TITLE	DV	DELETE	31 TITLE		7.	Change Addition
NAME	BORY, JUDITH		3.2 NAME			
STREET ADDRESS		3400	3.3 STREE	T ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4. CITY			
TITLE	DTAS	☐ DELETE	4.1 TITLE			Change Addition
NAME	COLLINS, KEVIN		4 2 NAMI			•
STREET ADORESS	888 SEVENTH AVE., SUITE	3400		T ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.5 STREE			
TITLE		DELETE	5.1 TITLE	O1 - EIF		Change Addition
NAME		- P	5.2 NAME			Print annual derivation
STREET ADDRESS	3			T ADDRESS		
CITY - ST - ZIF		DELETE	5.4 CITY-	SI-ZIP		Change Addition
TITLE		☐ Utitele	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS	S			T ADDRESS		
OITV . \$1. 7IP	Í		S A CITY -	פול זי		

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

APPLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/97

212-333-2100

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