

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State

4-11-96-13 34855 -C

DOCUMENT # P93000087130 (9)

1. Corporation Name

DLJ REALTY CORP.

Principal Place of Business

777 NORTH HIGHWAY A1A
SUITE 201
INDIALANTIC FL 32903

Mailing Address

777 NORTH HIGHWAY A1A
SUITE 201
INDIALANTIC FL 32903



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JONES, RICHARD O
1250 EAU GALLIE BLVD, UNIT J
MELBOURNE FL 32935

81 Name

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

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

12/16/1993

3a. Date of Last Report

07/13/1995

4. FEI Number

59-3215103

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. 190.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent

Signature of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

DOWNS, THOMAS M
777 N. HWY. A1A, SUITE 201
INDIALANTIC FL 32903

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

LUKASHOK, EDWARD
270 MADISON AVE., 7TH FLOOR
NEW YORK NY 10016

STREET ADDRESS

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

JOHNSON, H. GREGORY
372 WEST ST.
KEENE NH 03431

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY-STATE-ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY-STATE-ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY-STATE-ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(b), 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 addendum.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96 407-725-3000

By

Signature of Agent

CR2E034 (12/95)