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 # **P94000053219 (9)**

1. Corporation Name

PUBWINT REALTY CORP.

Principal Place of Business	Mailing Address
200 W FORSYTH ST SUITE 1600 JACKSONVILLE FL 32202	261 MADISON AVENUE 21ST FLOOR NEW YORK NY 10016 US

2. Principal Place of Business	2a. Mailing Address
21	26 275 Madison Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 30th Floor
City & State 23	City & State 28 New York NY
Zip 24 / Country 25	Zip 29 10016 / Country 30

3. Date Incorporated or Qualified: 07/19/1994	3a. Date of Last Report: 02/22/1995
4. FEI Number: 13-3791363	☐ 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

HOUSTON, CLARENCE H JR
200 W FORSYTH ST
SUITE 1600
JACKSONVILLE FL 32202

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☑ Change ☐ Addition
NAME	FORGASH, JACK		12 NAME		
STREET ADDRESS	261 MADISON AVE. 21ST FLOOR		13 STREET ADDRESS	275 Madison Avenue, 30th Floor	
CITY-ST-ZIP	NEW YORK NY		14 CITY-ST-ZIP		
TITLE	S	☐ DELETE	21 TITLE		☑ Change ☐ Addition
NAME	FORGASH, ELLIOTT		22 NAME		
STREET ADDRESS	261 MADISON AVE. 21ST FLOOR		23 STREET ADDRESS	275 Madison Avenue, 30th Floor	
CITY-ST-ZIP	NEW YORK NY		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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: Elliott Forgash 2/20/96 212-490-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Elliott Forgash