SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT Name	# P9500														
9270 E	AGLE RA	NCH ROAD INC.	 	lija Boşla Abını		(8(8) 841	18 84884)(8 1)88 1								
Principal Place of Business Maiting Address																
C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308				C/O STATE BOARD OF ADMINISTRATION 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308						3. Date Incorporated or Qualified 38. Date of Last Report						
								10/17/1995								
2. Principal Place of Business				2a. Mailing Address 26 C/O Sentinel Real Estate						4. FEI Number Applied For 85–0435772 Not Applied						
Suite, Apt #, etc				Suite, Apt. #, etc. Corporation					<u>e</u>				\$8.7	+	ditional	
22				27 666 Fifth Avenue					Certificate of Status De	sired [Requ			
City & State	9			City &	State				****	6. Election Campaign Fina	ancing r		\$5.	00 м	ay Be	
23					28 New York, NY					Trust Fund Contribution	Added to Fees					
Z _i p	Country		ļ	Ζ _Ι ρ 1 1016	0103		ountry	intry USA		8. This corporation has liability for in					199.032,	
24		25	29	J		30				Florida Statutes		Yes	No			
		and Address of Curre	ut Heği	STOTEG A	gent		81	Name		10. Name and Address of	New Kegi	A DB193	yent	·		
SCHOW, HORACE II											·					
1801 HEMITAGE BOULEVARD TALLAHASSEE FL 32308							82 Street Addre			ss (P.O. Box Number is Not A	cceptable)				
IA	TTALIAGOE	E FL 32300					83	-								
													las I	3 - 0 -		
							84	City				FL	85	Zip Ca	ae	
office or re agent. I an	egistered ag m familiar wi	ent, or both, in the State th, and accept the oblig	of Flor ations o	ida Such of, Sectio	n change was a in 607.0505, Fid	authoriz orida St	ed by atules	the corp s.	oration	ation submits this statement is board of directors. Thereb	y accept l	ie appoir	ntment a	s regi	stered	
12.	Signature typed	or printed havie of registered and OFFICERS AN			5 € (NeÓ)	II Regisa		ert signaturi	e required	Lighen reinstating) ADDITIONS/CHANGES 1	יי סרכוסכ	CIATE	DIDEC	TODC	INI 10	
TITLE	0	OFFICERS AF	ואוט טוא	CIONS	DELETE	_	s. I TITLE		T	ADDITIONS/CHANGES	OFFICE	JUNA CA.	Char		Additio	
NAME	BENNE	TT, DOUGLAS W		'			NAME					•	_		_	
STREET ADDRESS	1801 H	ERMITAGE BOULEVA	IRD			1.3	STREET	T ADORESS								
CITY-ST-ZIP	TALLAH	iassee fl 32308				1.	CITY-S	ST-ZIP	l							
TITLE	D				DELETE	2	THILE						Char	ige:	Additio	
NAME		, TODO A				2:	2 NAME									
STREET ADDRESS		ERMITAGE BOULEVA	NRD			2	STREE!	f address								
CITY-ST-ZIP	TALLA	HASSEE FL 32308			DELETE		4 CITY -	ST-ZIP				-	Char		T Addis	
TITLE					DELETE		TITLE		rre	sident n H. Streicker		L	Char	ige <u>K</u>	Additio	
NAME CTREET ADDRESS		•					NAME			Fifth Avenue						
STREET ADDRESS City-St-Zip							S SIMEEI S CITY -		New	York, NY 10103						
TITLE				 	DELETE		1 TITLE	₩1 - F1E		e President		Τ	Char	ige K	Additio	
NAME							2 NAME			hael J. Weinber	ger	•	_	-	_	
STREET ADDRESS						4.	STREE	T ADDRESS		Fifth Avenue						
CITY-ST-ZIP			·			4	1 CITY - S	ST-ZIP	New	York, NY 10103			_			
TITLE					DELETE	5	THILE		Sec	cretary			Cnai	ige 📘	Addition Addition	
NAME							2 NAME			san T. Werman						
STREET ADDRESS								T ADDRESS		6 Fifth Avenue	_					
CITY-ST-ZIP					DELETE	_	4 CITY - 3	ST-ZIP	Ne	w York, NY 1010	3		Cho	nne I -	T Additi	
TITLE					DELETE	- 1	1 THLE			easurer		L	Unai	nge 🗴	Additio	
NAME							2 NAME	T ADDRESS	El	izabeth Longo						
STREET ADDRESS							3 STREE 4 CITY - :	T ADDRESS	060	5 Fifth Avenue	2					
CITY-ST-ZIP 14. I do hereb	by certify that	it the information supplie	ed with	this filma	is voluntarily for	irnished	d and	does no	t qualify	W York, NY 1010 y for the exemption stated in	Section 11	9 07(3)(k), Florid	a Stati	utes	
further cei made und	irtify that the der oath, tha	information indicated or	n this ar tor of th	nnual rep ne corpor	ort or supplem ation or the rec	ental ar eiver o	nnual i truste	report is ee empo	true an	d accurate and that my sign to execute this report as requ	ature shall	have the	same k	ega el	flect as if	

SIGNATURE: July July Susan T. Werman Signature and typed on Printed Name of Signing Officer or Director

6/19/96 212-408-2900

Dayona- Ptiona #