

**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
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000079561 (3)

1. Corporation Name

9270 EAGLE RANCH ROAD INC.



Principal Place of Business

Mailing 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 10/17/1995	3a. Date of Last Report -----
4. FEI Number 85-0435772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. c/o Sentinel Real Estate Corporation
22. City & State	27. 666 Fifth Avenue
23. Zip	28. New York, NY
24. Country	29. 10103
	30. USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHOW, HORACE II 1801 HERMITAGE BOULEVARD TALLAHASSEE FL 32308				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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	12. NAME	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	13. STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	14. CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, TODD A	22. NAME	
STREET ADDRESS	1801 HERMITAGE BOULEVARD	23. STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	24. CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32. NAME	President
STREET ADDRESS		33. STREET ADDRESS	John H. Strelcker
CITY-ST-ZIP		34. CITY-ST-ZIP	666 Fifth Avenue
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42. NAME	Vice President
STREET ADDRESS		43. STREET ADDRESS	Michael J. Weinberger
CITY-ST-ZIP		44. CITY-ST-ZIP	666 Fifth Avenue
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52. NAME	Secretary
STREET ADDRESS		53. STREET ADDRESS	Susan T. Werman
CITY-ST-ZIP		54. CITY-ST-ZIP	666 Fifth Avenue
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62. NAME	Treasurer
STREET ADDRESS		63. STREET ADDRESS	Elizabeth Longo
CITY-ST-ZIP		64. CITY-ST-ZIP	666 Fifth Avenue
			New York, NY 10103

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Susan T. Werman Susan T. Werman 6/19/96 212-408-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)