

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

**FILED**

**Feb 12 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P96000068637 (3)**

1. Corporation Name  
**WEST PORT ST. PETERSBURG, INC.**



Principal Place of Business <b>C/O SENTINEL REAL ESTATE CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103</b>	Mailing Address <b>C/O SENTINEL REAL ESTATE CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103-0001</b>
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3. Date Incorporated or Qualified <b>08/16/1996</b>	3a. Date of Last Report -----
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number <b>59-3397355</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	John H. Streicker
STREET ADDRESS		1.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Millie C. Cassidy
STREET ADDRESS		2.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	David Weiner
STREET ADDRESS		3.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Noel Belli
STREET ADDRESS		4.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Elizabeth Longo
STREET ADDRESS		5.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10103
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Susan T. Werman
STREET ADDRESS		6.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10103

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: *Susan T. Werman* **Susan T. Werman** 1/16/97 212-408-2900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)