

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
C/O SENTINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103

Mailing Address
C/O SENTINEL REAL ESTATE CORPORATION
666 FIFTH AVENUE
NEW YORK NY 10103-0001

3. Date Incorporated or Qualified
08/16/1996

3a. Date of Last Report

4. FEI Number
59-3397355

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

25 Zip Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

30 Zip Country

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME John H. Streicker

1.3 STREET ADDRESS 666 Fifth Avenue

1.4 CITY-ST-ZIP New York, NY 10103

2.1 TITLE D/VP ☐ Change ☒ Addition

2.2 NAME Millie C. Cassidy

2.3 STREET ADDRESS 666 Fifth Avenue

2.4 CITY-ST-ZIP New York, NY 10103

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME David Weiner

3.3 STREET ADDRESS 666 Fifth Avenue

3.4 CITY-ST-ZIP New York, NY 10103

4.1 TITLE VP ☐ Change ☒ Addition

4.2 NAME Noel Belli

4.3 STREET ADDRESS 666 Fifth Avenue

4.4 CITY-ST-ZIP New York, NY 10103

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME Elizabeth Longo

5.3 STREET ADDRESS 666 Fifth Avenue

5.4 CITY-ST-ZIP New York, NY 10103

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME Susan T. Werman

6.3 STREET ADDRESS 666 Fifth Avenue

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)