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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000078481 (4)

ISG REALTY CORP., INC.

FILED May 30 1997 8:00am Secretary of State



Principal Place of Business \$355 TOWN CENTER ROAD #301 THE PLAZA BOCA RATON FL 33496	Mailing Address 242 EAST 51ST STREET NEW YORK NY 10022-89		3. Date Incorporated or Qualified	3a. Date of Last Report
			09/20/1996	L/A
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		58-2276701	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
22 City & State	City & State		S. Fleetier Compains Figureins	
23	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip i Country	Zip	Country	8. This corporation has liability for in	·
24	29	30		Yes 🔀 No
g, Name and Address of Cu	irrent Registered Agent		10. Name and Address of New Reg	istered Agent
COHEN, SETH I ESQ 5355 TOWN CENTER ROAD #30 THE PLAZA BOCA RATON FL 33486		83 21d	orices (P.O. Box Number is Not Acceptable TT CENTER - 444 FLOOD TO NORTH MILITARY TRU LA PATON	FL 85 Zip Code 32421
411. Pursuant to the provisions of Sections 60 office or register a egilit, or both, in the second, term similia with and accept the office.		utes, the above-named cos authorized by the corpor Florida Statutes. DTE: Rogisterod Agent signature req		rpose of changing its registered the appointment as registered
OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE PRESIDENT	☐ DELETE	1.1 TITLE		Change Addition
NAME STEVEN GOODS		1.2 NAME		,
STREET ADDRESS 240 EAST 51ST	ST REET	1.3 STREET ADDRESS		
CITY-ST-ZIP NEW YORK, NY	1002⊅	1.4 CITY-ST-ZIP		Change Addition
TITLE		2.1 TITLE 2.2 NAME		Change L Addition
NAME Street address		2.3 STREET ADDRESS		į
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE	DELETE	3.1 Title		Change Addition
NAME		3.2 NAME		·
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. C/TY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	4	
CITY-ST-ZIP		4.4 CITY - ST - ZIP	<i></i>	,
TITLE	DELETE	5.1 TITLE	//	hange ()Addition
NAME		5.2 NAME	211-	720 DO
STREET ADDRESS		5.3 STREET ADDRESS	7/)	130/74
CITY-ST-2IP	Dirre	5.4 CITY-ST-ZIP		Change Dadwin
TITLE	DELETE	6.1 TITLE	ธถกกกร้อก	☐ Change ☐ Addition
NAME OFFICE ADDRESS		6.2 NAME	60000220: -06/09/970110	1031
STREET ADDRESS		6.3 STREET ADDRESS	***165.00	a record
City-St-2iP	hulad with this filing does not our	64 CITY-S1-ZIP	od in Section 119 07(3)(i) Florida Statutes	I further certify that the

supplemental annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that my signature shall have the same logal effect as if made under oath; that my receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name of partial statutes and that my name of partial statutes are supplemental.

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