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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000022061

KINNEY DUPONT PLAZA, INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90134 009 ***150.00



								BIERI HEBI HOGE
Principal Place	of Business ·	Mailing Address						
60 MADISON A								
NEW YORK FL 10010 NEW YORK FL 10010					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		_	
					03/11/1997			
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For			
21 2401 215TAVES \$ 200 26 - SAVE					13-3937229		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							\$8.75	Additional
F					5. Certifcate of Status Desired		Fee Re	equired
City & State				6. Election Campaign Financing S5.00 Ma		May Be		
23 NASHJECE TO 28				Trust Fund Contribution Added to Fees				
Zip Country Zip				Country 8. This corporation owes the current year Intangible				
24 37212 25 USA 29 30				Personal Property Tax. ☐ Yes ☐ No				
24 5 70	9. Name and Address of Current	11			10. Name and Address of New R	egistered Aç	jent	
			81	Name	· · · · · · · · · · · · · · · · · · ·			1
CT	CORPORATION SYSTEM		82	A A J J	(D.O. Bay Number in Not Accepted	ala)	_	
1200 SOUTH PINE ISLAND ROAD				Street Addi	dress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83				_	
		•	84	City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	he abov	e-named corp	poration submits this statement for the	ourpose of ch	anging its	registered
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was autho	nzea by	the corporation	on's board of directors. I hereby accept	tne appoint	neni as ie	gistered
_	in familiar with, and accept the obligant	Mia Of, Occupit Our 10000, 1 fortun	Clatator	•				ľ
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Reg	istered Age	nt signature require	ed when reinstating)	DATE		_
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF			
TITLE	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	SCHWARTZ, SAUL P		1.2 NAME					Ì
STREET ADDRESS	60 MADISON AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10010		1.4 CITY-S	T-ZiP				
TITLE	D	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	KATZ, LEWIS		2.2 NAME					
STREET ADDRESS	60 MADISON AVE		23 STREE	T ADDRESS				
	NEW YORK NY 10010		2.4 CITY-5		SEE			ţ
TITLE	EVP	☐ DELETÉ	3.1 TITLE	-			Change	Addition
	SCARPATI, JOSEPH		3.2 NAME					
NAME OTDEET ADODGES	60 MADISON AVENUE			T ADDRESS				1
STREET ADDRESS	NEW YORK NY 10010		3.4. CITY-5	İ				
CITY-ST-ZIP				21-21			Change	☐ Addition
TITLE	VCFO	<u>></u>	4.1 IIILE				_ •	_
NAME	MICHALOFSKY, MICHAEL			* 4000000	0			
STREET ADDRESS	60 MADISON AVENUE			TADDRESS	HTTACHED			
CITY-ST-ZIP	NEW YORK NY 10010		4.4 CITY-S	T-ZIP			Change	☐ Addition
TITLE	S	☐ DELETE	5.1 TITLE 5.2 NAME	1				ا
NAME	MITTLEMAN, PHILIP			EARODEOO				ļ
STREET ADDRESS	60 MADISON AVENUE			TADORESS				ĺ
CITY-ST-ZIP	NEW YORK NY 10010		5.4 CITY-S	i - ZIP			Character Character	□ å-ldition
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					Ì
STREET ADDRESS			6.3 STREE	TADDRESS				
CITY-ST-ZIP			6.4 CITY-5	T-ZIP				

14. I 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 appropriate 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 appears, with all other like empowered.

SIGNATURE:

P97000022061 401048.90134-9

CORPORATION NAME:

KINNEY ORDNI PLAZA, INC

FILING PERIOD:

13-3937229

13 OFFICERS/TITLES

NAME:

JAMES BOND

TITLE:

PRESIDENT

ADDRESS:

2401 21ST AVE SOUTH #200

CITY:

NASHVILLE, TN 37212

NAME:

BENJAMIN D. WOLFLEY

TITLE:

VICE PRESIDENT

ADDRESS:

2401 21ST AVE SOUTH #200

CITY:

NASHVILLE, TN 37212

NAME:

HENRY ABBOTT

TITLE:

SECRETARY

ADDRESS: 2401 21ST AVE SOUTH #200

CITY:

NASHVILLE, TN 37212

NAME:

MONROE CARELL

TITLE:

DIRECTOR

ADDRESS: 2401 21ST AVE SOUTH #200

~ CITY:

NASHVILLE, TN 37212