

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S06200 (7)

1. Corporation Name

AUGIE REALTY CORP.



Principal Place of Business

Mailing Address

599 LEXINGTON AVE.
26TH FLOOR
NEW YORK NY 10043
US

% UNITED CORPORATE SERVICES INC.
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified

10/16/1990

3a. Date of Last Report

03/29/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3597517

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES INC.
801 NE 167TH ST.
SUITE 300
NORTH MIAMI BEACH FL 33162

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

Signature, typed or printed name of registered agent and title, if applicable

Title, Registered Agent Signature required when terminating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	CULLEN, THOMAS	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	MURANELLI, JOHN	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	ALSUINO, JOSEPH	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	PAN, MARAGARET	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SHELLY, LAURIE	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	WALSH, KATHLEEN A.	
STREET ADDRESS	599 LEXINGTON AVE	
CITY - ST - ZIP	NEW YORK NY	

1.1 TITLE	C - Steve Gianakakis	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	153 East 53rd Street 5th Floor	
1.3 STREET ADDRESS	New York New York 10043	
1.4 CITY - ST - ZIP		
2.1 TITLE	T - Richard B. Werner, Jr.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	153 East 53rd Street 5th Floor	
2.3 STREET ADDRESS	New York New York 10043	
2.4 CITY - ST - ZIP		
3.1 TITLE	S - John Muranelli	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	153 East 53rd Street 5th Floor	
3.3 STREET ADDRESS	New York New York 10043	
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed) or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary 4/20/96 212-559-1862

CR2E034 (12/95)