

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: **599 LEXINGTON AVE. 26TH FLOOR NEW YORK NY 10043 US**
Mailing Address: **% UNITED CORPORATE SERVICES INC. 801 NORTHEAST 167TH STREET NORTH MIAMI BEACH FL 33162**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date incorporated or Qualified: **10/16/1990**
3a. Date of Last Report: **03/29/1995**
4. FEI Number: **13-3597517**
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

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES INC. 801 NE 167TH ST. SUITE 300 NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent (81-85)
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

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, MARGARET	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996

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]* Secretary 4/20/96 212-559-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]*
ELECTRONIC FILING #

CR2E034 (12/95)