FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:59

DOCUMENT # **S27709** **(2)**

1. Corporation Name

OLD TAMPA VILLAGE INC.

Principal Place of Business	Mailing Address
599 LEXINGTON AVENUE 26TH FLOOR NEW YORK NY 10043 US*	% UNITED CORPORATE SERVICES INC. 801 N.E. 167TH ST. STE. 300 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/28/1991	3a. Date of Last Report: 06/13/1994
4. FEI Number: 65-0272114	☐ Applied For ☐ Not Applicable
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 — 21 *
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24 Country — 25
Zip — 29 Country — 30

9. Name and Address of Current Registered Agent

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

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 _____ DATE
*Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	VPS	☐ Change ☒ Addition
NAME	CULLEN, THOMAS	12 NAME	Walsh, Kathleen A	
STREET ADDRESS	599 LEXINGTON AVE	13 STREET ADDRESS	599 Lexington Avenue	
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP	New York, New York	
TITLE	DVS	21 TITLE	VS	☐ Change ☒ Addition
NAME	MURANELLI, JOHN	22 NAME	Pakravan, Perry	
STREET ADDRESS	599 LEXINGTON AVE	23 STREET ADDRESS	599 Lexington Avenue, 26th Floor	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	New York, New York	
TITLE	VAS	31 TITLE		☐ Change ☐ Addition
NAME	ALDUINO, JOSEPH M	32 NAME		
STREET ADDRESS	599 LEXINGTON AVE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE	VPS	41 TITLE		☐ Change ☐ Addition
NAME	PAN, MARGARET	42 NAME		
STREET ADDRESS	599 LEXINGTON AVE	43 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP		
TITLE	VPS	51 TITLE		☐ Change ☐ Addition
NAME	SHELLY, LAURIE	52 NAME		
STREET ADDRESS	599 LEXINGTON AVE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: _____ 3/1/95 _____ 559-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

J. W. Pilcher