FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

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

1. Corporation Name
OLD TAMPA VILLAGE INC.

Principal Place of Business
599 LEXINGTON AVENUE
26TH FLOOR
NEW YORK NY 10043
US

Mailing Address
% UNITED CORPORATE SERVICES INC.
801 N.E. 167TH ST. STE. 300
NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 01/28/1991
3a. Date of Last Report: 03/29/1995

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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

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: _____ Signature typed or printed name of registered agent and title if applicable — Title: Registered Agent signature required when entering change — DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☒ DELETE
NAME	CULLEN, THOMAS	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DVS	☐ DELETE
NAME	MURANELLI, JOHN	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	☒ DELETE
NAME	ALDUINO, JOSEPH M	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	☐ DELETE
NAME	PAN, MARGARET	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	☐ DELETE
NAME	SHELLY, LAURIE	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	☐ DELETE
NAME	WALSH, KATHLEEN A.	
STREET ADDRESS	599 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 19

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

CR2E034 (12/95)

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: _____ Secretary 4/20/96 212-554-1862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #