

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S36587

(1)

1. Corporation Name
PARK AT DORAL CORP.



Principal Place of Business
260 LONG RIDGE ROAD
STAMFORD CT 06927

Mailing Address
DEPT. 8108
260 LONG RIDGE RD.
STAMFORD CT 06927-1800
US

3. Date Incorporated or Qualified
03/08/1991

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0254285

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	ALFRED J. SCHIAVETTI	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ANDREW P. SIMULEC	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DENNIS B. SASSAMAN	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	RICHARD LEVY	
STREET ADDRESS	499 THORNALL ST.	
CITY-ST-ZIP	EDISON NJ	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRADLEY A. SCHERER	
STREET ADDRESS	1801 BELVEDERE RD, 110E	
CITY-ST-ZIP	W. PALM BCH. FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SPERGER, JOHN M.	
STREET ADDRESS	499 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	

1.1 TITLE	First Trans-Tax	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gary J. Schulman	
1.3 STREET ADDRESS	260 Long Ridge Rd	
1.4 CITY-ST-ZIP	Stamford CT 06927	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
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 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:

Gary J. Schulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-97 203-357-4544
Date Daytime Phone #

CR2E034 (9/96)