

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

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90134 009 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000022061

1. Corporation Name
KINNEY DUPONT PLAZA, INC.



Principal Place of Business: 60 MADISON AVENUE NEW YORK FL 10010
 Mailing Address: 60 MADISON AVENUE NEW YORK FL 10010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	2401 21ST AVE S #200	26	← SAME	03/11/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		13-3937229	
City & State		City & State		Applied For	
23 NASHVILLE TN		28		Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired	
24 37212 25 USA		29 30		<input type="checkbox"/> \$8.75 Additional Fee Required	
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	
				85 Zip Code	
				FL	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZ, SAUL P	1.2 NAME	
STREET ADDRESS	60 MADISON AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, LEWIS	2.2 NAME	
STREET ADDRESS	60 MADISON AVE	2.3 STREET ADDRESS	SEE
CITY-ST-ZIP	NEW YORK NY 10010	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARPATI, JOSEPH	3.2 NAME	
STREET ADDRESS	60 MADISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHALOFSKY, MICHAEL	4.2 NAME	
STREET ADDRESS	60 MADISON AVENUE	4.3 STREET ADDRESS	ATTACHED
CITY-ST-ZIP	NEW YORK NY 10010	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITTLEMAN, PHILIP	5.2 NAME	
STREET ADDRESS	60 MADISON AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10010	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: H. GIGANTE **REQUIRED** SECRETARY 4699 015-2974255
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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CORPORATION NAME:

KENNETH ABBOTT PLAZA, INC

FILING PERIOD:

1999

#: 13-3937229

13 OFFICERS/TITLES

NAME: JAMES BOND
TITLE: PRESIDENT
ADDRESS: 2401 21ST AVE SOUTH #200
CITY: NASHVILLE, TN 37212

NAME: BENJAMIN D. WOLFLEY
TITLE: VICE PRESIDENT
ADDRESS: 2401 21ST AVE SOUTH #200
CITY: NASHVILLE, TN 37212

NAME: HENRY ABBOTT
TITLE: SECRETARY
ADDRESS: 2401 21ST AVE SOUTH #200
CITY: NASHVILLE, TN 37212

NAME: MONROE CARELL
TITLE: DIRECTOR
ADDRESS: 2401 21ST AVE SOUTH #200
CITY: NASHVILLE, TN 37212