

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 21 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 835769 (1)
1. Corporation Name
QUICK & RELLY, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business: **26 BROADWAY, 11TH FLOOR, NEW YORK NY 10004 US**
Mailing Address: **26 BROADWAY, 11TH FLOOR, NEW YORK NY 10004 US**

3. Date Incorporated or Qualified: **02/10/1976**
4. FEI Number: **13-2778884**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: Yes No

2. Principal Place of Business: **22**
2a. Mailing Address: **27**
3. Date Incorporated or Qualified: **23**
4. FEI Number: **24**
5. Certificate of Status Desired: **25**
6. Election Campaign Financing: **26**
7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes: **28**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	AS
NAME	O'HERN, MARY
STREET ADDRESS	13 WOODMERE AVE
CITY - ST - ZIP	RUMSON NJ
TITLE	P
NAME	QUICK, TOM
STREET ADDRESS	1214 MOORES HILL ROAD
CITY - ST - ZIP	LAUREL HOLLOW NY
TITLE	VPD
NAME	QUICK, LESLIE C
STREET ADDRESS	3 MORTON LANE
CITY - ST - ZIP	WARREN NJ
TITLE	VPD
NAME	BOTT, ROBERT
STREET ADDRESS	149 WEYFORD TERRACE
CITY - ST - ZIP	GARDEN CITY NY
TITLE	VPD
NAME	CORSO, JOE
STREET ADDRESS	79 WASHINGTON PLACE, APT 5R
CITY - ST - ZIP	NY NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an order.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR
ROBERT BOTT

4/13/95 (212) 747-1200
Date Daytime Phone #