

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 <sup>9500</sup>

FILED

Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **841269** (4)  
1. Corporation Name  
**KINNEY PARKING, INC.**



Principal Place of Business <b>60 MADISON AVE. NEW YORK NY 10010-1600</b>	Mailing Address <b>60 MADISON AVE. NEW YORK NY 10010-1800</b>
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3. Date Incorporated or Qualified <b>08/16/1978</b>	3a. Date of Last Report <b>02/22/1996</b>
4. FEI Number <b>13-2688558</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
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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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, SAUL P.</b>	1.2 NAME	
STREET ADDRESS	<b>60 MADISON AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, LEWIS</b>	2.2 NAME	
STREET ADDRESS	<b>60 MADISON AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCARPATI, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>60 MADISON AVENUE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>EVCF</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHALOFSKY, MICHAEL</b>	4.2 NAME	
STREET ADDRESS	<b>60 MADISON AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTOS, JOSE</b>	5.2 NAME	<b>SECRETARY</b>
STREET ADDRESS	<b>60 MADISON AVENUE</b>	5.3 STREET ADDRESS	<b>PHILIP MITTLEMAN</b>
CITY - ST - ZIP	<b>NEW YORK NY</b>	5.4 CITY - ST - ZIP	<b>60 MADISON AVE</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>New York, NY 10010</b>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Michael Michalofsky* **REQUIRED** 4/ /97 212 899 4449 813046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0004840

CR2E034 (9/96)