

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

**FILED**

97 FEB 28 AM 9:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F92000000171 (0)**

1. Corporation Name  
**FULLER & DEANE, INC.**



Principal Place of Business  
**MARK L. FRIEDMAN  
75 ROCKEFELLER PLAZA STE 900  
NEW YORK NY 10019**

Mailing Address  
**MARK L. FRIEDMAN  
75 ROCKEFELLER PLAZA STE 900  
NEW YORK NY 10019-6908**

3. Date Incorporated or Qualified **11/09/1992** 3a. Date of Last Report **08/06/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**13-3459455**

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**

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

**FL**

65 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 type: The position name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **-S-**  DELETE  
NAME **GOHEN, AMY S**  
STREET ADDRESS **350 FIFTH AVENUE RM 3410**  
CITY- ST- ZIP **NEW YORK NY 10118**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE **Sylvia Schever as executrix of estate of**  DELETE  
NAME **Schever, Richard J. Jr. - Deceased 5-5-96**  
STREET ADDRESS **75 Rockefeller Plaza, Ste 900**  
CITY- ST- ZIP **New York, N.Y 10019**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

**700002103327-2**  
**-03/04/97--01033--006**  
**\*\*\*\*165.00 \*\*\*\*165.00**

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

6.1 TITLE  Change  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: *Sylvia Schever*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sylvia Schever as executrix of the estate of Richard J. Schever, Jr.  
Date **2-24-97** (212) 275-1500

CR2E034 (9/96)