

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

24

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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 **700002103321--2**
2.3 STREET ADDRESS **-03/04/97--01033--006**
2.4 CITY-ST-ZIP *****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 included 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)