

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002571 (6)

1. Corporation Name

LARAMIE LITHIA, INC.



Principal Place of Business

Mailing Address

% LARAMIE ASSOCIATES
500 N. BROADWAY
JERICHO NY 11753

% LARAMIE ASSOCIATES
500 N. BROADWAY
JERICHO NY 11753

3. Date Incorporated or Qualified

05/26/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc

Suite, Apt #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, RONALD
5301 N. FEDERAL HWY.
SUITE 150
BOCA RATON FL 33487

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

Signature type for principal place of registered agent and for all agents

INTELL: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SILVERMAN, MARK
STREET ADDRESS 9 MONA LN.
CITY-ST-ZIP DIX HILLS NY 11746

DELETE

TITLE VTD
NAME BERNSTEIN, CHARLES
STREET ADDRESS 2 MARSEILLE DR.
CITY-ST-ZIP LATTINGTOWN NY 11560

DELETE

TITLE VSD
NAME SIDERIS, ARISTIDES
STREET ADDRESS 97 LEFFERTS RD.
CITY-ST-ZIP GARDEN CITY NY 11530

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

Change Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

Change Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

Change Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

Change Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

Change Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES BERNSTEIN

6/7/96

516-433-5800

CR2E034 (3/96)