

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

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002978 (3)
 1. Corporation Name
ARTREE HOLDING CORP.



Principal Place of Business % CHEMICAL BANK 380 MADISON AVE. NEW YORK NY 10017	Mailing Address % CHEMICAL BANK 380 MADISON AVE. NEW YORK NY 10017-2513
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3. Date Incorporated or Qualified 06/20/1995	3a. Date of Last Report 07/17/1996
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2. Principal Place of Business 21 10 The Chase Manhattan Bank	2a. Mailing Address 26 10 The Chase Manhattan Bank
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 13-3837464	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TSOU, GORDON	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	SKIBO, JOSEPH R	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CLARKE, JOHN C	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	COSTA, ROBERT R	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DORR, GEORGIANA	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ARNESSEN, DWIGHT I	
STREET ADDRESS	380 MADISON AVE, 9FL	
CITY - ST - ZIP	NEW YORK NY	

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 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 _____ DATE _____

CR2E034 (9/96)