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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000005569 (7)

1. Corporation Name
P.V.D. AND PARTNERS, INC.



Principal Place of Business
304 PARK AVE S 10TH FLR
NEW YORK NY 10010-5312

Mailing Address
304 PARK AVE S 10TH FLR
NEW YORK NY 10010

3. Date Incorporated or Qualified 11/14/1995
3a. Date of Last Report 02/13/1996

2. Principal Place of Business
21 257 PARK AVE SOUTH
Suite, Apt #, etc.
22 12TH FLOOR
City & State
23 NEW YORK NY
Zip Country
24 10010 25 N.Y.

2a. Mailing Address
26 257 PARK AVE SOUTH
Suite, Apt #, etc.
27 12TH FLOOR
City & State
28 NEW YORK NY
Zip Country
29 10010 30 N.Y.

4. FEI Number 13-3437565
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DECRESCENZO, PETER V
2925 MEADOW LN
FT LAUDERDALE FL 33331

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 PETER V. DECRESCENZO 1/13/97
Signature typed or printed 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	DCP			<input type="checkbox"/>
	DECRESCENZO, PETER V	2925 MEADOW LN	FT LAUDERDALE FL	
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: PETER V. DECRESCENZO 1/13/97
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)