FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 FEB 14 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G66829 (4)

1. Corporation Name
TAMNOR CORPORATION

Principal Place of Business	Mailing Address
SCHWARTZ ALVIN 60 EAST 42ND ST. 53RD FLOOR NEW YORK NY 10165 US	SCHWARTZ ALVIN 60 EAST 42ND ST. 53RD FLOOR NEW YORK NY 10165 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/26/1983
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 58-1573933 ☐ 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 ☐ No

9. Name and Address of Current Registered Agent

MARCUS, LARRY
1515 N FEDERAL HWY
SUITE 300
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	MARCUS, LARRY J	1.2 NAME	
STREET ADDRESS	1515 N FEDERAL HWY STE 300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	BOCA RATON, FL. 33432
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, ALVIN	2.2 NAME	
STREET ADDRESS	60 E. 42ND STREET	2.3 STREET ADDRESS	60 E. 42 ST. 53 FL.
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	N.Y. N.Y. 10165
TITLE	S	3.1 TITLE	☐ Change ☒ Addition
NAME	CRISTINI, PAULA	3.2 NAME	
STREET ADDRESS	1165 48TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN, NY 00000	3.4 CITY-ST-ZIP	BROOKLYN, N.Y. 11219
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, THOMAS	4.2 NAME	
STREET ADDRESS	60 E. 42ND ST.	4.3 STREET ADDRESS	60 E. 42 ST. 53 FL.
CITY-ST-ZIP	NY NY	4.4 CITY-ST-ZIP	N.Y. N.Y. 10165
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: _____ 2/8/95 212 880 0110
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0473722 FP