

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J87594** (4)
1. Corporation Name
IR CORAL OAKS INC.



Principal Place of Business: **411 WEST PUTNAM AVE. GREENWICH CT 06830**
Mailing Address: **411 WEST PUTNAM AVE. GREENWICH CT 06830**

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

3. Date Incorporated or Qualified: **08/17/1987** 3a. Date of Last Report: **09/26/1995**
4. FEI Number: **13-3496947** 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
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0507 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 _____

12. OFFICERS AND DIRECTORS

TITLE	VTDD	<input type="checkbox"/> DELETE
NAME	MAYMUDES, JAY	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLTZ, ROBERT	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GOVEIA, FRANK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PLAUMANN, MARK	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AMRON, ARTHUR	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY- ST- ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vp. Treasurer, Secretary & Director/ Jay Maymudes	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	411 W. Putnam Ave.	
1.4 CITY- ST- ZIP	Greenwich CT 06830	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank Goveia	
2.3 STREET ADDRESS	411 W. Putnam Ave.	
2.4 CITY- ST- ZIP	Greenwich CT 06830	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Steve Kohn	
3.3 STREET ADDRESS	411 W. Putnam Ave.	
3.4 CITY- ST- ZIP	Greenwich CT 06830	
4.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Pollard	
4.3 STREET ADDRESS	411 W. Putnam Ave.	
4.4 CITY- ST- ZIP	Greenwich CT 06830	
5.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gray Samson	
5.3 STREET ADDRESS	411 W. Putnam Ave.	
5.4 CITY- ST- ZIP	Greenwich CT 06830	
6.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arthur Amron	
6.3 STREET ADDRESS	411 West Putnam Ave.	
6.4 CITY- ST- ZIP	Greenwich CT 06830	

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)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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: *Jay Maymudes* 3/1/96 (203) 862-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)