

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

1995 JUL 19 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P25110 (8)**  
1. Corporation Name  
**STATECOURT ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**40 E 69 STREET  
LENOX HILL STATION  
NEW YORK NY 10021  
US** **P O BOX 334  
LENOX HILL STATION  
NEW YORK NY 10021**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>07/03/1989</b>	3a. Date of Last Report <b>01/25/1994</b>
4. FEI Number <b>13-1845026</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**MOSLEY, CURTIS R.  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	<b>FL</b>

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	<b>PD</b>
NAME	<b>ROSEN, JONATHAN P.</b>
STREET ADDRESS	<b>40 EAST 69TH ST NEW YORK NY</b>
CITY - ST - ZIP	
TITLE	<b>VSD</b>
NAME	<b>ROSEN, A.A.</b>
STREET ADDRESS	<b>40 EAST 69TH ST NEW YORK NY</b>
CITY - ST - ZIP	
TITLE	<b>TD</b>
NAME	<b>ROSEN, MIRIAM</b>
STREET ADDRESS	<b>40 EAST 69TH ST NEW YORK NY</b>
CITY - ST - ZIP	
TITLE	<b>AS</b>
NAME	<b>BOBROW, IRVING S.</b>
STREET ADDRESS	<b>40 EAST 69TH ST NEW YORK NY</b>
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Jonathan P. Rose 7/10/95 (212) 249-1550  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if new)

CR2E034 (3/95)