CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26221

101

FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Jan 29 1997 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State 1997

1. Corporation	NC.	(2)				T NATURAL DIA MANA ANYA ALBUB MANA M		: A)	i Biðil 168i
Output and Others	a f D visus	Malling Address							
Principal Place of Business 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510 US		Mailing Address 333 SOUTH HIGHLAND AVE. BRIARCLIFF MANOR NY 10510-2035 US					1 11		100
						Pate Incorporated or Qualified 19/28/1989	•	te of Last R	leport
2. Principal Pl	ace of Business	2a. Mailing Address				El Number			pplied For
21		26				13-5438420			ot Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. 0	Pertificate of Status Desired		•	Additional equired
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			6. F	lection Campaign Financing	· · · · · · · · · · · · · · · · · · ·		May Be
23		28			1	Trust Fund Contribution Added to Fees			
Z _I p			$\overline{}$	Country		8. This corporation has liability for intangible tax under s. 199.032.			
24	25 9. Name and Address of Curren	29	30			iorida Statutes Name and Address of New R		J No	
OT (t negistered Agent	8	Name	10. /	AUTHORNIO WOOTHER OF THEM I	edistate v	igent.	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD					4 al de (D. C	S Planta and a state A and a state of	-1-1-1		
	NTATION FL 33324		82	Street	Address (P.C	ddress (P.O. Box Number is Not Acceptable)			
,			83						
			84	City			FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the abo	ve-named	corporation	submits this statement for the	purpose of	changing if	ts registered
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, Fl	authorized t orida Statute	by the corp es.	poration's bo	ard of directors. I hereby acc	ept the appo	intment as	registered
SIGNATURE:									
·	Signature hypodici prisod nanie of mysilored ager OF NOTEGO AND		TE: Registered A	gent signature	required when re		DATE ICEDS AND	DIDECTOR	OC IN 12
12. Tifle			1.1 TITLE			DDITIONS/CHANGES TO OFF		Change	_ Addition
NAME	MULLER, HANS P.	_	1.2 NAME						
STREET ADDRESS 333 S. HIGHLAND AVE.			1.3 STREET ADDRESS			,			
CITY-ST-ZIF	BRIARCLIFF MANOR NY		1.4 CITY-ST-ZIP		l				
TITLE	PD	DELETE	2.1 TITLE					Change	Addition
NAME	LOHAUS, PETER E		2.2 NAME						
STREET ADDRESS	333 S. HIGHLAND AVE.		2.3 STREET A						
CITY - ST - ZIP	BRIARCLIFF MANOR NY			2 4 CITY-ST-ZIP				Channe	Antalities
TITLE	VS CALLACHAN DATRICK I	☐ DELETE	3 1 TITLE		1			Change	Addition
NAME	CALLAGHAN, PATRICK J. 333 S. HIGHLAND AVE.		3 2 NAME						
STREET ADDRESS	BRIARCLIFF MANOR NY			ET ADDRESS					
CITYST-ZIP TITLE	D DIMMOLIFF MARION IN	DELETE	3.4. CITY 4.1 TITLE					Change	Addition
NAME	BROWN, GARY W*		4. 2 NAM		1				
STREET ADORESS	333 S. HIGHLAND AVE.		1	ET ADDRESS	1				}
CITY-ST-ZIP	BRIARCLIFF MANOR NY		4.4 CITY						
TITLE	٧	DELETE	5.1 TITLE					Change	Addition
NAME	WAIT, CHARLES		5.2 NAME						
STREET ADDRESS	333 S HIGHLAND AVE		5.3 STREE	ET ADDRESS				_	
CITY - ST - ZIP	BRIARCLIFF MANOR NY		54 CITY	ST-ZIP					
TITLE	T	☐ DELETE	61 TITLE	i	VT			Change	Addition
NAME	ANTES, RICHARD		6.2 NAME						
STREET ADDRESS	333 S. HIGHLAND AVE			ET ADDRESS					
CITY-ST-7IP	BRIARCLIFF MANOR NY		6.4 CITY	ST-ZIP	<u> </u>				

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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13

SIGNATURE: