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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mammone
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P32289** (1)
1. Corporation Name
FAIR PINE, INC.

Principal Place of Business: **ATTN: STUART KOENIG P.O. BOX 478 NEW YORK NY 10274-0478**
Mailing Address: **ATTN: STUART KOENIG P.O. BOX 478 NEW YORK NY 10274-0478**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **12/27/1990** 3a. Date of Last Report: **03/01/1994**

4. FEI Number: **13-3594247** 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 § 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21** State: **NY** Apt # etc: **22** City & State: **23** Country: **24** 2a. Mailing Address: **26** State: **NY** Apt # etc: **27** City & State: **28** Country: **29** 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name: _____
B2 Street Address (P.O. Box Number is Not Acceptable): _____
B3 _____
B4 City: _____ FL B5 Zip Code: _____

11. Pursuant to the provisions of Sections 607.06(3) and 607.17(4), 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, Sections 607.06(3), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGE(S) TO OFFICERS AND DIRECTORS IN '94	
TITLE: PD	NAME: NEIDICH, DANIEL M. STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE: AS	NAME: Hill, Mitchell C. STREET ADDRESS: 85 Broad Street CITY, ST, ZIP: New York, NY 10004
TITLE: VD	NAME: HAMMAMOTO, DAVID T STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE: AS	NAME: McHugh, James B. STREET ADDRESS: 85 Broad Street CITY, ST, ZIP: New York, NY 10004
TITLE: VS	NAME: WILLIAMS, TODD A STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE:	
TITLE: T	NAME: VNIAR, DAVID A STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE:	
TITLE: AS	NAME: DECARO, ANGELO STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE:	
TITLE: AS	NAME: SCHLESINGER, STUART STREET ADDRESS: 85 BROAD STREET CITY, ST, ZIP: NEW YORK NY	TITLE: AS	NAME: Stecher, Esta E. STREET ADDRESS: 85 Broad Street CITY, ST, ZIP: New York, NY 10004

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and is true and correct and that the information indicated on this annual report or application for annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or person authorized to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing.

SIGNATURE: *James B. McHugh* **James B. McHugh** 4-13-94 (212) 902-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR