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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 3:07

DOCUMENT # **P93000058232 (8)**

1. Corporation Name
STELANE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3300 S OCEAN BLVD. SUITE 103 PALM BEACH FL 33480 US
3300 S OCEAN BLVD. SUITE 103 PALM BEACH FL 33480 US

3. Date Incorporated or Qualified **08/19/1993** 3a. Date of Last Report **03/11/1994**
4. FEI Number **65-0432949** 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

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

9. Name and Address of Current Registered Agent
**UNITED CORPORATE SERVICES, INC.
801 NORTH MIAMI BEACH FL 33162**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 applicable) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D BARR, RAY A 10 BANK STREET WHITE PLAINS NY 10606 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | D SKUBICKI, MARK 10 BANK STREET WHITE PLAINS NY 10606 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | P KULE, ELAINE 420 E 64TH ST NEW YORK NY |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | S BRODER, SYLVIA 70 NO 108 ST FOREST HILLS NY |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST- ZIP | PRESIDENT DAVID KULE 70-20 108 ST FOREST HILLS, N.Y. 11375 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY- ST- ZIP | SECRETARY GERALDINE KULE 70-20-108 ST FOREST HILLS, N.Y. 11375 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST- ZIP | D KULE, ELAINE 420 E. 64 ST. NEW YORK, N.Y. 10001 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST- ZIP | D BRODER, SYLVIA 70-20 108 ST FOREST HILLS, N.Y. 11375 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST- ZIP | |
| 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST- ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and that it 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 attached sheet with an address.

SIGNATURE: **DAVID KULE** PRES. *David Kule*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/95 718-544-6958