

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000092345 (4)**
1. Corporation Name
CONCEPT NY, INC.



Principal Place of Business: **C/O HUGHES SILVERS & GLASSMAN - 1140 KANE CONCOURSE FIFTH FLOOR - BAY HARBOR ISLANDS FL 33154**
Mailing Address: **C/O HUGHES SILVERS & GLASSMAN 1140 KANE CONCOURSE FIFTH FLOOR BAY HARBOR ISLANDS FL 33154**

3. Date Incorporated or Qualified: **11/30/1995**
3a. Date of Last Report
4. FEI Number: **65-0621652**
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
21. **753A WASHINGTON AVE.**
22. City & State: **MIAMI BEACH, FL**
23. Zip: **33139**
24. Country: **USA**
25. Country: **USA**
26. Mailing Address
27. Suite, Apt. #, etc.
28. City & State
29. Zip
30. Country

9. Name and Address of Current Registered Agent
**SILVERS, ROBERT H
C/O HUGHES SILVERS & GLASSMAN
1140 KANE CONCOURSE FIFTH FLOOR
BAY HARBOR ISLANDS FL 33154**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0802 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent's signature required after the filing date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ZUCKERMAN, SOL	2.2 NAME	
3. STREET ADDRESS	1140 KANE CONCOURSE FIFTH FLOOR	3.3 STREET ADDRESS	
4. CITY-STATE-ZIP	BAY HARBOR ISLANDS FL 33154	4.4 CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6.2 NAME	
7. STREET ADDRESS		7.3 STREET ADDRESS	
8. CITY-STATE-ZIP		8.4 CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> DELETE	9.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10.2 NAME	
11. STREET ADDRESS		11.3 STREET ADDRESS	
12. CITY-STATE-ZIP		12.4 CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> DELETE	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14.2 NAME	
15. STREET ADDRESS		15.3 STREET ADDRESS	
16. CITY-STATE-ZIP		16.4 CITY-STATE-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 119.07(3)(k), 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **SOL ZUCKERMAN**
Date: **2-12-96**
Phone: **305-864-7531**

CR2E034 (12/95)