

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90048 001 ***150.00

DOCUMENT # **V72531**

1. Corporation Name
CHOLDERM INC.

Principal Place of Business

% MITCHLL J. MANDEL
36 WHITNEY LANE
BROOKVILLE NY 11545
US

Mailing Address

% MITCHLL J. MANDEL
36 WHITNEY LANE
BROOKVILLE NY 11545
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 **1 Polo Drive**

2a. Mailing Address

26 **1 Polo Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

22 **Old Westbury, NY**

City & State

27 **Old Westbury, NY**

Zip Country

23 **11568 USA**

Zip Country

28 **11568 USA**

3. Date Incorporated or Qualified

10/09/1992

4. FEI Number

65-0366236

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GROSS, GAIL
7735 NW 79TH AVE
APT - 311
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name **GAIL GROSS**
82 Street Address (P.O. Box Number is Not Acceptable) **MARRIOTT STRATFORD COURT**
83 **6343 VIA de Sonrisa del SUR, #255**
84 City **BOCA RATON** FL 85 Zip Code **33433**

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 **GAIL GROSS** *Gail Gross* **4/1/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

CEO	<input type="checkbox"/> DELETE
MANDEL, MITCHELL J M.D.	
36 WHITNEY LANE	
BROOKVILLE NY 11545	
<input type="checkbox"/> DELETE	
VIACHTER, DAVID S	
20 EAST 74TH ST., APT. 3A	
NEW YORK NY	
<input type="checkbox"/> DELETE	
LAFF, CHARLES A	
1048 WEST WEBSTER AVE.	
CHICAGO IL	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	
<input type="checkbox"/> DELETE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CEO, Director
1.3 STREET ADDRESS	Mitchell J. MANDEL, M.D.
1.4 CITY-ST-ZIP	1 Polo Drive
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Old Westbury, NY 11568
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	

I 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 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, with all other like empowered.

SIGNATURE: **Mitchell J. Mandel, M.D.** *Mitchell J. Mandel* **4/1/99** **917-553-8940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #
CEO

CR2E034 (1/98)