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

CORPORATION ANNUAL REPORT
**1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:19

DOCUMENT # **423629** **(5)**

1. Corporation Name
**ARLEN HOUSE EAST INC**

| Principal Place of Business | Mailing Address |
|---|---|
| % THE BROADSTONE GROUP INC<br>888 SEVENTH AVENUE<br>NEW YORK NY 10106 | % THE BROADSTONE GROUP INC<br>888 SEVENTH AVENUE<br>NEW YORK NY 10106 |

DO NOT WRITE IN THIS SPACE.

| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
|---|---|
| 04/18/1973 | 02/02/1994 |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

4. FEI Number **13-2744324** ☐ 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

**9. Name and Address of Current Registered Agent**

BERGER & SHAPIRO
100 N.E. 3RD AVE., SUITE #400
FT. LAUDERDALE FL 33301

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DV | 1.1 TITLE | D/V | ☒ Change ☐ Addition |
| NAME | DELBENE, GERARD N. | 1.2 NAME | Judith Bory | |
| STREET ADDRESS | 888 SEVENTH AVE., SUITE 3400 | 1.3 STREET ADDRESS | 888 Seventh Ave., Suite 3400 | |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | New York, NY 10106-0199 | |
| TITLE | TAS | 2.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RICCI, MICHAEL | 2.2 NAME | | |
| STREET ADDRESS | 888 SEVENTH AVE., SUITE 3400 | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | | |
| TITLE | S | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | SPOTO, ANTONINA L | 3.2 NAME | | |
| STREET ADDRESS | 888 7TH AVE. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | | |
| TITLE | DP | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MOLLOD, MICHAEL | 4.2 NAME | | |
| STREET ADDRESS | 888 7TH AVE. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | 5.2 NAME | Paul F. Wallace | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 888 Seventh Ave., Suite 3400 | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | New York, NY 10106-0199 | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-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)(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.

**SIGNATURE:** Judith Bory **Judith Bory** **1/30/95** **212-333-2107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001487 CP