

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P40827

(8)

1. Corporation Name

BLOCK BUYING GROUP INC.

Principal Place of Business

6 BECKER FARM RD.
ROSELAND NJ 07068
US

Mailing Address

6 BECKER FARM RD.
ROSELAND NJ 07068
US

2. Principal Place of Business

2a. Mailing Address

21 421 NW 53RD ST

26 P.O. Box 310703

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 600

27

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487

25 PALM BEACH

29 33431-0703

30 PALM BEACH

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1992

3a. Date of Last Report

02/28/1995

4. FEI Number

22-2512930

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

E1 Name

E2 Street Address (P.O. Box Number is Not Acceptable)

E3

E4 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and title designation

Signature typed or printed name of registered agent and title designation

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BLOCK, MICHAEL P.
STREET ADDRESS 6 BECKER FARM ROAD
CITY-STATE-ZIP ROSELAND NJ

TITLE CD ☐ DELETE

NAME BLOCK, MICHAEL P.
STREET ADDRESS 6 BECKER FARM RD.
CITY-STATE-ZIP ROSELAND NJ

TITLE SD ☐ DELETE

NAME GRISWOLD, E. BULKELEY
STREET ADDRESS 355 RIVERSIDE AVENUE
CITY-STATE-ZIP WESTPORT CT

TITLE D ☐ DELETE

NAME SHACKLEFORD, KELLY
STREET ADDRESS 270 PARK AVE., 5TH FLOOR
CITY-STATE-ZIP NEW YORK NY

TITLE D ☒ DELETE

NAME O'NEILL, JIM
STREET ADDRESS 1 ROCKEFELLER PLAZA
CITY-STATE-ZIP NEW YORK NY

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

621 NW 53RD ST
BOCA RATON, FL 33487

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

621 NW 53RD ST
BOCA RATON, FL 33487

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

D
JONES, SCOTT
1251 AVE OF THE AMERICAS
NY NY 10020

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE

4/23/96 (407)9898100

CR2E034 (12/95)