

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90138 001 ***150.00

DOCUMENT # 265925

1. Corporation Name

ST ANTHONY MINNEAPOLIS INC

Principal Place of Business

C/O HOWE & ADDINGTON LLP
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US

Mailing Address

C/O HOWE & ADDINGTON LLP
450 LEXINGTON #3800
NEW YORK NY 10017
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1963

4. FEI Number

59-1003626

Applied For

Not applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS SANN, JOHN
CITY-STATE-ZIP 25 FARRAGUT CIRCLE
NEW ROCHELLE N

TITLE ☐ DELETE

NAME DVS
STREET ADDRESS HOWE, EDWIN A., JR.
CITY-STATE-ZIP 450 LEXINGTON STE 3800
NEW YORK NY 00000

TITLE ☐ DELETE

NAME AVPS
STREET ADDRESS JOSEPH DISANTO
CITY-STATE-ZIP 450 LEXINGTON AVENUE, SUITE 3800
NEW YORK N

TITLE ☐ DELETE

NAME TAS
STREET ADDRESS CIRNIGLIARO, JAMES N.
CITY-STATE-ZIP 450 LEXINGTON AVE #3800
NEW YORK NY 00000

TITLE ☐ DELETE

NAME DVPS
STREET ADDRESS CALLAHAN, STEVEN B
CITY-STATE-ZIP 450 LEXINGTON AVE STE 3800
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 c/o Howe & Addington LLP
1.4 CITY-STATE-ZIP 450 Lexington Ave., NY, NY 10017

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

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

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph DiSanto

4/26/99

(212) 490-1700

Date

Daytime Phone #

CR2E034 (1/98)