

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
**% THE BROADSTONE GROUP INC
888 SEVENTH AVENUE
NEW YORK NY 10106**

Mailing Address
**% THE BROADSTONE GROUP INC
888 SEVENTH AVENUE
NEW YORK NY 10106**

DO NOT WRITE IN THIS SPACE.

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

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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.

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV**
NAME **DELBENE, GERARD N.**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE **D/V** ☒ Change ☐ Addition
1.2 NAME **Judith Bory**
1.3 STREET ADDRESS **888 Seventh Ave., Suite 3400**
1.4 CITY-ST-ZIP **New York, NY 10106-0199**

TITLE **TAS**
NAME **RICCI, MICHAEL**
STREET ADDRESS **888 SEVENTH AVE., SUITE 3400**
CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S**
NAME **SPOTO, ANTONINA L**
STREET ADDRESS **888 7TH AVE.**
CITY-ST-ZIP **NEW YORK NY**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DP**
NAME **MOLLOD, MICHAEL**
STREET ADDRESS **888 7TH AVE.**
CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D**
NAME **Paul F. Wallace**
STREET ADDRESS **888 Seventh Ave., Suite 3400**
CITY-ST-ZIP **New York, NY 10106-0199**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), Florida Statute. 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 007, 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

Telephone Number