

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 952

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **656075** (9)

1. Corporation Name
KINNEY SYSTEM OF FLORIDA, INC.

Principal Place of Business
**60 MADISON AVE.
NEW YORK NY 10010**

Mailing Address
**60 MADISON AVE.
NEW YORK NY 10010-1800**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1980		3a. Date of Last Report 02/22/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-3014959		Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWARTZ, SAUL P.			1.2 NAME			
STREET ADDRESS	60 MADISON AVENUE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KATZ, LEWIS			2.2 NAME			
STREET ADDRESS	60 MADISON AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			2.4 CITY-ST-ZIP			
TITLE	EV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCARPATI, JOSEPH			3.2 NAME			
STREET ADDRESS	60 MADISON AVENUE			3.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			3.4 CITY-ST-ZIP			
TITLE	EV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHALOFSKY, MICHAEL			4.2 NAME			
STREET ADDRESS	60 MADISON AVENUE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY			4.4 CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SANTOS, JOSE			5.2 NAME	SECRETARY		
STREET ADDRESS	60 MADISON AVENUE			5.3 STREET ADDRESS	PHILIP MITTLEMAN		
CITY-ST-ZIP	NEW YORK NY			5.4 CITY-ST-ZIP	60 MADISON AVE		
TITLE		<input type="checkbox"/> DELETE		5.5 CITY-ST-ZIP	NEW YORK, NY 10010		
NAME				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				6.3 STREET ADDRESS			
				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Michael Michalofsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/ /97 212.889.4444 6A 3046
Date Daytime Phone #

CR2E034 (9/96)