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Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 802264

(2)

1. Corporation Name
OKEECHOBEE INCORPORATED

Principal Place of Business
17 EAST 47TH STREET
NEW YORK NY 10017

Mailing Address
17 EAST 47TH STREET
NEW YORK NY 10017-1820



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/24/1925		3a. Date of Last Report 02/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0382813		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		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

ULMER, MURCHISON, ASHBY & TAYLOR
% CARL M. STEWART
200 W. FORSYTH ST., STE. 1800
JACKSONVILLE FL 32201

10. Name and Address of New Registered Agent

81 Name
ROGERS TOWERS, BAILEY JONES + GAY
82 Street Address (P.O. Box Number is Not Acceptable)
c/o CARL M. STEWART
83
1301 RIVERPLACE BLVD. SUITE 1500
84 City
JACKSONVILLE FL 85 Zip Code
32207

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: *Carl M. Stewart* (NOTE: Registered Agent signature required when reinstating) DATE: 3/14/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1.1 TITLE	ATAS
NAME	GUCE, RENATO	1.2 NAME	
STREET ADDRESS	71-18 162ND STREET	1.3 STREET ADDRESS	4 TIMBER RIDGE DR.
CITY-ST-ZIP	FLUSHING NY	1.4 CITY-ST-ZIP	CORAM, N.Y. 11727
TITLE	PD	2.1 TITLE	
NAME	SLOANE, HOWARD G	2.2 NAME	
STREET ADDRESS	8 OAK LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARCHMONT, N Y 0	2.4 CITY-ST-ZIP	
TITLE	VTD	3.1 TITLE	VD
NAME	SMADBECK, ARTHUR J	3.2 NAME	
STREET ADDRESS	R. F. D. 65-A BOX 3	3.3 STREET ADDRESS	
CITY-ST-ZIP	EDGARTOWN MA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	SMADBECK, PAUL	4.2 NAME	
STREET ADDRESS	TITICUS ROAD, RT. 118	4.3 STREET ADDRESS	320 TITICUS ROAD
CITY-ST-ZIP	NORTH SALEM NY	4.4 CITY-ST-ZIP	NORTH SALEM, N.Y. 10560
TITLE	VD	5.1 TITLE	
NAME	HART, WM D JR	5.2 NAME	
STREET ADDRESS	DEER PARK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN, CONN 0	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	ROSENBAUM, HOWARD	6.2 NAME	
STREET ADDRESS	328 EAST 52ND ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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)(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: *Howard Rosenbaum* DATE: 3/19/97 DAYTIME PHONE: 212 371-7773

CR2E034 (9/96)

OKEECHOBEE INCORPORATED

<u>Names of Officers & Directors</u>	<u>Title</u>	<u>Address</u>	<u>City & State</u>
Sloane, Virginia	V/T/D	8 Oak Lane Larchmont, NY	10538
MacNeary, John D.	D	1 Harrison Avenue West Caldwell, NJ	07006