

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

FILED
May 13 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 # 816021 (0)

1. Corporation Name
CAROL MANAGEMENT CORPORATION

Principal Place of Business
122 E 42ND ST
STE 1601
NEW YORK NY 10168
US

Mailing Address
122 E 42ND ST
STE 1601
NEW YORK NY 10168-1694
US

3. Date Incorporated or Qualified 03/01/1962
3a. Date of Last Report 08/19/1996

2. Principal Place of Business

21 90 Park Ave

Suite, Apt. #, etc.

22 28th Floor

City & State

23 New York NY

Zip

24 10016

Country

25 US

2a. Mailing Address

26 90 Park Ave

Suite, Apt. #, etc.

27 28th Floor

City & State

28 New York NY

Zip

29 10016

Country

30 US

4. FEI Number
13-3048789

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

9. Name and Address of Current Registered Agent

KASKEL, WILLIAM
8405 SW 186TH ST
SUITE 500
MIAMI FL 33157

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME KASKEL, HOWARD
STREET ADDRESS 122 E 42ND STREET, STE 1601
CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE

NAME COLLINS, BRIAN
STREET ADDRESS 122 E 42ND ST
CITY-ST-ZIP NEW YORK NY 10168

TITLE VD ☐ DELETE

NAME KASKEL, WILLIAM
STREET ADDRESS 8405 SW 186TH ST
CITY-ST-ZIP MIAMI FL

TITLE VD ☐ DELETE

NAME BLUM, BRUCE
STREET ADDRESS 122 EAST 22ND ST
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME WIERZEL, EDWARD
STREET ADDRESS 122 E 42ND ST
CITY-ST-ZIP NEW YORK NY 10168

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 90 Park Ave - 28th Floor

1.4 CITY-ST-ZIP NY NY 10016

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 90 Park Ave - 28th Floor

4.4 CITY-ST-ZIP NY NY 10016

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 90 Park Ave - 28th Floor

5.4 CITY-ST-ZIP NY NY 10016

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 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, on an attachment with an address.

SIGNATURE

[Signature]

4/28/97

CP2E034 (9/96)