

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 26 PM 3:48

DOCUMENT # 816667

(0)

1. Corporation Name

TREE PLATEAU CO., INC.

Principal Place of Business

**C/O GENE M. PRANZO
369 LEXINGTON AVENUE
NEW YORK NY 10017-6559
US**

Mailing Address

**C/O GENE M. PRANZO
369 LEXINGTON AVENUE
NEW YORK NY 10017-6559
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/30/1963

3a. Date of Last Report

02/21/1994

4. FEI Number

13-5668757

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 relocating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DVP

NAME

TALFORD, RICHARD S.

STREET ADDRESS

369 LEXINGTON AV 24 FL

CITY- ST- ZIP

NEW YORK, NY 00000 10017

TITLE

DS

NAME

PRANZO, GENE M

STREET ADDRESS

369 LEXINGTON AV 24 FL

CITY- ST- ZIP

NEW YORK, NY 00000 10017

TITLE

AT

NAME

POTTER, CAROL

STREET ADDRESS

369 LEXINGTON AV 24 FL

CITY- ST- ZIP

NEW YORK, NY 00000 10017

TITLE

DP

NAME

TALFORD, DORIS K

STREET ADDRESS

369 LEXINGTON AV 24 FL

CITY- ST- ZIP

NEW YORK, NY 00000 10017

TITLE

DCT

NAME

TALFORD, RICHARD

STREET ADDRESS

369 LEXINGTON AV 24 FL

CITY- ST- ZIP

NEW YORK, NY 00000 10017

TITLE

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

1.4 CITY- ST- ZIP

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

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene M. Pranzo

Secretary/Director

1-18-95

212-682-3700