FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

	Place of Business	Mailing Address							
386 PARK AVE SOUTH 17TH FL NEW YORK NY 10016-8804		386 PARK AYE SOUTH 17TH FL NEW YORK NY 10016-8904							
					3. Date Incorporated or Qualified 12/29/1971	3a. Date of Last Report 05/01/1996			
2. Príncip	al Place of Business	2a. Mailing Address			4. FEI Number 13-6193105	Applied For Not Applicab			
	Apt. #, etc.	Suite, Apt. #, etc.	⊢ '''		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & :	State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	han ' han '				8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes 🔀 No			
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Re	eglatered Agent			
1201 SUIT	PRENTICE-HALL CORPORATION I HAYES STREET TE 105	SYSTEM, INC.	1	13	dress (P.O. Box Number is Not Accepta				
TALLAHASSEE FL 32301				4 City		FL 85 Zip Code			
11. Pursu office agent SIGNATUI	or registered agent, or both, in the State. I. I am familiar with, and accept the ob-	ate of Florida. Such change was ligations of, Section 617.0503, f	s authorized Florida Statu	by the corpor tes.	progration submits this statement for the ation's board of directors. I hereby accentified when reinstating)	purpose of changing its registered pt the appointment as registered			
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI				
TITLE	PT	DELETE	1.1 TITE		TFO .	☐ Change Additio			

in taining with and accept the congations of	00011011 0 11 .0000, 1 1011	ou olatotoo.				
Signature, typed or printed name of repistered agent and title if	anolicable. (NOTE I	Registered Agent signature	e required when reinstating)		ATE	
	13.				S IN 12	
PT	DELETE	1.1 TITLE	CFO		Change	Addition
BRINE, ROBERT		1.2 NAME				
P.O. BOX 12489 N/A		1.3 STREET ADDRESS	BEG PARK	AUE SI 17FC	•	
MILL CREEK WA 98092-0489		1.4 CITY-ST-ZIP	NEW YORK	NZ 10016-8	1082	
Π	☐ DELETE	2.1 TITLE			☐ Change	Addition
STEINBECK, GARY		2.2 NAME				
200 EAST 90TH ST. APT 14F		2.3 STREET ADDRESS				
NEW YORK NY		2.4 CITY - ST - ZIP				
ST	☐ DELETE	3.1 TITLE			Change	Addition
GARRETT, STANLEY		3.2 NAME				
505 PARK AVE		3.3 STREET ADDRESS	1			
NEW YORK NY		3.4. CITY-ST-ZIP				
VΤ	☐ DELETE	4.1 TITLE			Change	Addition
MODELL, SHELBY		4. 2 NAME				
205 ALBON RD		4.3 STREET ADDRESS	ļ			
HEWLETT HARBOR NY		4.4 CITY-ST-ZIP				
VT	☐ DELETE	5.1 TITLE			Change	Addition
RICHARDSON, LISA		5.2 NAME		* 7		
12403 SCARSDALE BLVD, STE D		5.3 STREET ADDRESS		:		
HOUSTON TX 77089		5.4 CITY-ST-ZIP				
V	L DELETE	6.1 TITLE			L Change	Addition
ALLAWANG, SCOTT		6.2 NAME				
		6.3 STREET ADDRESS				
BUFFALO GROVE IL		6.4 CITY - ST-ZIP			,	
	Signature typed or printed name of registered agent and title if OFFICERS AND DIRECT PT BRINE, ROBERT P.O. BOX 12489 N/A MILL CREEK WA 98092-0489 TT STEINBECK, GARY 200 EAST 90TH ST. APT 14F NEW YORK NY ST GARRETT, STANLEY 505 PARK AVE NEW YORK NY VT MODELL, SHELBY 205 ALBON RD HEWLETT HARBOR NY VT RICHARDSON, LISA 12403 SCARSDALE BLVD, STE D HOUSTON TX 77089 V	OFFICERS AND DIRECTORS PT	Signature typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PT	Signature typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS PT BRINE, ROBERT P.O. BOX 12489 N/A MILL CREEK WA 98092-0489 TT STEINBECK, GARY 200 EAST 90TH ST. APT 14F NEW YORK NY ST GARRETT, STANLEY 505 PARK AVE NEW YORK NY UDELETE 1.1 TITLE 1.2 NAME 1.2 NAME 1.2 NAME 2.2 NAME 2.3 STREET ADDRESS NEW YORK NY ST DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS NEW YORK NY UDELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS NEW YORK NY UDELETE 4.1 TITLE 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS NEW YORK NY UDELETE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP VT RICHARDSON, LISA 12403 SCARSDALE BLVD, STE D HOUSTON TX 77089 LIDELETE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ALLAWANG, SCOTT 1148 WINDBROOK DR 201 BUFFALO GROVE IL ADDITIONS 1.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP BUFFALO GROVE IL ADDITIONS 1.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 8.4 CITY-ST-ZIP 8.4 CITY-ST-ZIP 8.5 CPACK 1.5 TITLE 8.5 NAME 6.5 STREET ADDRESS	Styrature typed or printed name of registered agent and title if applicable. OFFICERS AND DIRECTORS PT BRINE, ROBERT P.O. BOX 12489 N/A MILL CREEK WA 98092-0489 TT STEINBECK, GARY 200 EAST 90TH ST. APT 14F NEW YORK NY ST GARRETT, STANLEY 505 PARK AVE NEW YORK NY VT MODELL, SHELBY 205 ALBON RD HEWLETT HARBOR NY VT RICHARDSON, LISA 12403 SCARSDALE BLVD, STE D HOUSTON TX 7089 V ALLAWANG, SCOTT 1146 WINDBROOK DR 201 DELETE 1.1 ITILE 1.1 ITILE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.3 TITLE 1.4 NAME 1.4 CITY-ST-ZIP 1.5 TITLE	Change Compared the provided represented against and life if appointable Compared the provided when reinstating) Compared to provided when reinstating) Compared the provided when reinstating Compare

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME

FILED

Jan 31 1997 8:00am

Secretary of State

Applied For Not Applicable