

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 19 PM 9:51

DOCUMENT # 827906 (9)
1. Corporation Name
EDEN PARK MANAGEMENT, INC.

Principal Place of Business Mailing Address
**22 HOLLAND AVE 22 HOLLAND AVE
ALBANY NY 12209 ALBANY NY 12209**

DO NOT WRITE IN THESE SPACES

3. (Date incorporated or qualified) **05/01/1972** 3a. Date of Last Report **01/25/1994**
4. FEI Number **14-1515566** Applied Fee
5. Certificate of Status Deposit **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. This corporation has liability for intrastate tax under § 198.001, Florida Statutes. Yes No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. # etc. 26. State, Apt. # etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. County 25. County 29. County 30. County

9. Name and Address of Current Registered Agent
**KANE, JOHN
7300 OLEANDER AVE.
PORT ST. LUCIE FL 33452**

10. Name and Address of New Registered Agent
01. Name
02. Street Address (P.O. Box Number or Post Office Box)
03.
04. City
FL 05. State

11. Pursuant to the provisions of Sections 607.0803 and 607.1901 Florida Statutes, the above named corporation submits this statement for the purpose of changing its principal office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as principal office or registered agent and accept the obligations of Section 607.0803 Florida Statutes.

SIGNATURE _____
Signature typed or printed name of registered agent (see Section 607.0803 Florida Statutes) _____
Signature typed or printed name of registered agent (see Section 607.1901 Florida Statutes) _____

12. OFFICERS AND DIRECTORS:

TITLE	V
NAME	MCDONALD, JEFF
STREET ADDRESS	22 HOLLAND AVE
CITY, ST, ZIP	ALBANY, NY 00000
TITLE	PTD
NAME	MENDLESON, ALTON P, JR
STREET ADDRESS	22 HOLLAND AVE
CITY, ST, ZIP	ALBANY, NY 00000
TITLE	CD
NAME	HOFFMAN, SCOTT H
STREET ADDRESS	22 HOLLAND AVE
CITY, ST, ZIP	ALBANY NY
TITLE	V
NAME	KANE, JACK
STREET ADDRESS	22 HOLLAND AVE
CITY, ST, ZIP	ALBANY, NY 00000
TITLE	V
NAME	GLOCK, ROBERT
STREET ADDRESS	22 HOLLAND AVE
CITY, ST, ZIP	ALBANY, NY 00000
TITLE	SD
NAME	SMITH, MORTON
STREET ADDRESS	11 MARTINE AVE
CITY, ST, ZIP	WHITE PLAINS NY

13. ADDITIONAL CHANGES TO OFFICERS, DIRECTORS, AND REGISTERED AGENTS:

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Davidoff, David	
STREET ADDRESS	22 Holland Ave	
CITY, ST, ZIP	Albany, NY 12209	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hirsch, David	
STREET ADDRESS	22 Holland Ave	
CITY, ST, ZIP	Albany, NY 12209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glock, Robert	
STREET ADDRESS	22 Holland Ave	
CITY, ST, ZIP	Albany, NY 12209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, certify that the information supplied with this filing is accurate, correct and complete, and that I am duly qualified to act as the registered agent for the corporation named herein. I further certify that the information indicated on this annual report or supplemental information report is true and correct, and that I am duly qualified to act as the registered agent for the corporation named herein. I further certify that I am an officer or director of the corporation or the person or firm having control over the records of the corporation, respectively. I further certify that the signature of the officer, director, or person or firm having control over the records of the corporation, respectively, is the same as the signature appearing on Block 12 or Block 13 of this report, or on any other document with an address.

SIGNATURE: *Alton P. Mendleson, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER
Alton P. Mendleson, Jr., Pres.

1-11-95