

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **827906** (9)

1. Corporation Name
EDEN PARK MANAGEMENT, INC.



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

3. Date Incorporated or Qualified: **05/01/1972**
3a. Date of Last Report: **01/19/1995**
4. FEI Number: **14-1515566**
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

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

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
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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	MCDONALD, JEFF	
STREET ADDRESS	22 HOLLAND AVE	
CITY- ST- ZIP	ALBANY, NY 00000	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MENDLESON, ALTON P, JR	
STREET ADDRESS	22 HOLLAND AVE	
CITY- ST- ZIP	ALBANY, NY 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOFFMAN, SCOTT H	
STREET ADDRESS	22 HOLLAND AVE	
CITY- ST- ZIP	ALBANY NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KANE, JACK	
STREET ADDRESS	22 HOLLAND AVE	
CITY- ST- ZIP	ALBANY, NY 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GLOCK, ROBERT	
STREET ADDRESS	22 HOLLAND AVE	
CITY- ST- ZIP	ALBANY, NY 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MORTON	
STREET ADDRESS	11 MARTINE AVE	
CITY- ST- ZIP	WHITE PLAINS NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davidoff, David	
1.3 STREET ADDRESS	22 Holland Avenue	
1.4 CITY- ST- ZIP	Albany, NY 12209	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Hirsch, David	
2.3 STREET ADDRESS	22 Holland Avenue	
2.4 CITY- ST- ZIP	Albany, NY 12209	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Glock, Robert	
5.3 STREET ADDRESS	22 Holland Avenue	
5.4 CITY- ST- ZIP	Albany, NY 12209	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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: *Alton P. Mendleson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/19/96**
Day/Time Phone #

CR2E034 (12/95)