

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

FILED

**Jan 17 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 # 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 12209-1713

3. Date Incorporated or Qualified
05/01/1972

3a. Date of Last Report
01/25/1996

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. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. 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

85. Zip Code **FL**

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 _____ DATE _____
(NOTE: Registered Agent's 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, Donald | |
| 1.3 STREET ADDRESS | 22 Holland Ave | |
| 1.4 CITY-ST-ZIP | Albany, New York 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 Ave | |
| 2.4 CITY-ST-ZIP | Albany, New York | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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 Jr.*
Alton P. Mendleson Jr., Pres.

1/10/97

CR2E034 (9/96)