

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/01/1972

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	4. FEI Number 14-1515566 Applied For Not Applicable	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 owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JEFF	1.2 NAME	
STREET ADDRESS	22 HOLLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 00000	1.4 CITY-ST-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDLESON, ALTON P, JR	2.2 NAME	
STREET ADDRESS	22 HOLLAND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 00000	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, SCOTT H	3.2 NAME	
STREET ADDRESS	22 HOLLAND AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY NY	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, JACK	4.2 NAME	
STREET ADDRESS	22 HOLLAND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 00000	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLOCK, ROBERT	5.2 NAME	
STREET ADDRESS	22 HOLLAND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALBANY, NY 00000	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MORTON	6.2 NAME	
STREET ADDRESS	11 MARTINE AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WHITE PLAINS NY	6.4 CITY-ST-ZIP	

14. I 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 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

1/5/98

CR2E034 (10/97)