

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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 22 HOLLAND AVE ALBANY NY 12209	Mailing Address 22 HOLLAND AVE ALBANY NY 12209
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3. Date Incorporated or Qualified
05/01/1972

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip	22. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 14-1515566	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$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	

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.) DATE _____

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

CFR2E034 (10/97)