


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

FILED
Jan 25, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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01-25-1999 90013 030 ***150.00

DOCUMENT # 827906
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 05/01/1972	
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 the current year Intangible Personal Property Tax.	<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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (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	<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)(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, with all other like empowered.

SIGNATURE: Alton P. Mendleson Pres. 1/4/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)