


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

FILED

Jan 25, 1999 8:00am
Secretary of State

01-25-1999 90013 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 05/01/1972	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 14-1515566	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	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. City	
		84. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)