

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 829856 (4)

1. Corporation Name

NORMAN M. MORRIS CORPORATION



Principal Place of Business

Mailing Address

% PARADISE & ALBERTS  
630 THIRD AVENUE  
NEW YORK NY 10017

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630 THIRD AVENUE  
NEW YORK NY 10017

3. Date Incorporated or Qualified

04/06/1973

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-1544619

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23

28

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

24

Country

Country

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEDERER, STEVEN, L., ESQ  
2450 NORTHEAST MIAMI GARDENS DR  
SUITE 100  
NORTH MIAMI BEACH FL 33180

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 C  
NAME MORRIS, NORMAN M  
STREET ADDRESS 6 CORPORATE PARK DRIVE  
CITY- ST- ZIP WHITE PLAINS NY

DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

Change Addition

TITLE PD  
NAME MORRIS, ROBERT E  
STREET ADDRESS 6 CORPORATE PARK DRIVE  
CITY- ST- ZIP WHITE PLAINS NY

DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

Change Addition

TITLE SD  
NAME LUBIN, MARVIN  
STREET ADDRESS 6 CORPORATE PARK DRIVE  
CITY- ST- ZIP WHITE PLAINS NY

DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY- ST- ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(914) 694-1830

Date

Daytime Phone #

CR2E034 (12/95)