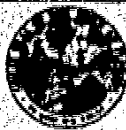


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 26 AM 10:34

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 835345 (0)

1. Corporation Name

MAD RANCH REALTY CORPORATION

Principal Place of Business

**23 WALL STREET
NEW YORK NY 10280-0023
US**

Mailing Address

**23 WALL STREET
NEW YORK NY 10280-0023
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/06/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

13-2833325

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**

9. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

8. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**TAS
MANCUSO, ANNE M.
23 WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VASD
COLE, E. CLIFFORD
23 WALL STREET
NEW CITY NY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
MARCHAND, DAVID H
23 WALL STREET
NEW YORK NY 23**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VADS
BARTELS, RICHARD L.
23 WALL STREET
NEW YORK, N Y**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VASD
RICCO, CLIFFORD E.
23 WALL STREET
NEW YORK NE**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
RODITI, JACK
23 WALL STREET
NEW YORK NY**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(4), 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:

Anne M. Mancuso
ANNE M. MANCUSO
REGISTERED AGENT

4/18/95
DATE

(212) 837-1740
TELEPHONE #