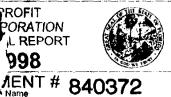
'D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750),

ROFIT ORATION L REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

ERO PHY PERTIES, INC.

Principal Place of Business

Mailing Address

(7)

FILED Sep 24 1998 8:00am Secretary of State

% Corporation tax division Wall street station. P o Box 1703 New York NY 10268-1228		% corporation tax division wall street station, P o Box 1703 New York NY 10268-1228				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified 04/06/1978			
2. Principal F	Place of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number	T.	Applied For	
11		26	26			13-2911478		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, 6	Suite, Apt. #, etc.			5. Certificate of Status Desired Security Fee Required			
City & State		City & State	}			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	Country 25	Zip [29]	30 Cou	ntry		This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	CORPORATION SYSTEM 0 S. PINE ISLAND ROAD			81	Name				
PLANTATION FL 33324			,	82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
•				84	City	FL	85	Zip Code	
44	A to the second of the time CON	0500 1 507 4500 5114-	D1-1-1 11			Company to the second s			

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change Addition RUDOLPH, STEPHEN G NAME 1.2 NAME 200 PARK AVE. STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE DELETE Change Addition CASTLEMAN, DONALD B. 2 2 NAME 280 PARK AVE STREET ADDRESS 23 STREET ADDRESS NEW YORK, NY 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition MARCHAND, A W NAME 3.2 NAME 280 PARK AVE STREET ADDRESS 3.3 STREET ADDRESS NEW YORK, NY 00000 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition O'ROARK, CARL NAME 4.2 NAME 280 PARK AVE. STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition D'EMILIA, RICK J NAME 5.2 NAME 280 PARK AVE. STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10017** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition DIGRAZIA, JOSEPH 6.2 NAME 280 PARK AVENUE STREET ADDRESS 6.3 STREET ADDRESS NEW YORK N. CITY-ST-ZIP 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.

SIGNATURE:

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