

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 24 1998 8:00am  
Secretary of State

0112465

1. Corporation Name  
EROPH PROPERTIES, INC. (7)

Principal Place of Business  
% CORPORATION TAX DIVISION  
WALL STREET STATION, P O BOX 1703  
NEW YORK NY 10268-1228

Mailing Address  
% 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 Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

13-2911478

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

8. 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	DELETE
NAME	RUDOLPH, STEPHEN G	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	D	DELETE
NAME	CASTLEMAN, DONALD B.	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	PD	DELETE
NAME	MARCHAND, A W	
STREET ADDRESS	280 PARK AVE	
CITY-ST-ZIP	NEW YORK, NY 00000	
TITLE	VP	DELETE
NAME	O'ROARK, CARL	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	DELETE
NAME	D'EMILIA, RICK J	
STREET ADDRESS	280 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	AT	DELETE
NAME	DIGRAZIA, JOSEPH	
STREET ADDRESS	280 PARK AVENUE	
CITY-ST-ZIP	NEW YORK N.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change 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.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR

09/10/98

CR2E034 (5/98)