

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 <sup>9500</sup>

FILED

Apr 10 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841269 (4)**  
 1. Corporation Name  
**KINNEY PARKING, INC.**



Principal Place of Business <b>60 MADISON AVE. NEW YORK NY 10010-1600</b>	Mailing Address <b>60 MADISON AVE. NEW YORK NY 10010-1600</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/16/1978</b>		3a. Date of Last Report <b>02/22/1996</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>13-2688558</b>		Applied For Not Applicable			
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent			
81 Name							
82 Street Address (P.O. Box Number is Not Acceptable)							
83							
84 City				85 Zip Code		<b>FL</b>	

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		(NOTE: Registered Agent signature required when re-registering)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	<b>SCHWARTZ, SAUL P.</b>		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>60 MADISON AVENUE</b>		1.2 NAME		
CITY - ST - ZIP	<b>NEW YORK NY</b>		1.3 STREET ADDRESS		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP		
NAME	<b>KATZ, LEWIS</b>		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>60 MADISON AVENUE</b>		2.2 NAME		
CITY - ST - ZIP	<b>NEW YORK NY</b>		2.3 STREET ADDRESS		
TITLE	<b>EV</b>	<input type="checkbox"/> DELETE	2.4 CITY - ST - ZIP		
NAME	<b>SCARPATI, JOSEPH</b>		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>60 MADISON AVENUE</b>		3.2 NAME		
CITY - ST - ZIP	<b>NEW YORK NY</b>		3.3 STREET ADDRESS		
TITLE	<b>EVCF</b>	<input type="checkbox"/> DELETE	3.4 CITY - ST - ZIP		
NAME	<b>MICHALOFSKY, MICHAEL</b>		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>60 MADISON AVENUE</b>		4.2 NAME		
CITY - ST - ZIP	<b>NEW YORK NY</b>		4.3 STREET ADDRESS		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE	4.4 CITY - ST - ZIP		
NAME	<b>SANTOS, JOSE</b>		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	<b>60 MADISON AVENUE</b>		5.2 NAME	<b>SECRETARY</b>	
CITY - ST - ZIP	<b>NEW YORK NY</b>		5.3 STREET ADDRESS	<b>PHILIP MITTHEMAN</b>	
TITLE		<input type="checkbox"/> DELETE	5.4 CITY - ST - ZIP	<b>60 MADISON AVE</b>	
NAME			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			6.2 NAME		
CITY - ST - ZIP			6.3 STREET ADDRESS		
			6.4 CITY - ST - ZIP		

14. I do 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:** *Michael Michalofsky* **4/ /97** **202894499 843046**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Daytime Phone #  
 0004840

CR2E034 (9/96)