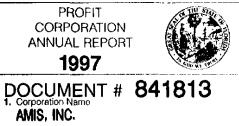
## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of Stato DIVISION OF CORPORATIONS

(9)

## **FILED** Apr 18 1997 8:00am Secretary of State



Principal Place 44 E 32ND ST NY NY 10016		Mailing Address 44 E 32ND ST NY NY 10016-5508			I LUBULUF LUKI ORIBEL KADUR KUTUL KIRAD KILI ORDAL DADAH DADAH DADAH DADAH DADAH DADAH DADAH				
					11/1	Incorporated or Qualified 3/1978	3a. Date of 02/02/	Last R 1 <b>996</b>	eport
Principal Place of Business The Principal Place of Business		2a. Mailing Address 26			11-2158300 Not			plied For t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certif	icale of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			1	on Campaign Financing Fund Contribution			May Be o Fees
Zip 24	Country 25	Z(p)	Countr 30	Ŋ		eorporation has liability for l a Statutes	ntangible tax u ∐Yes □ No		199.032,
-31	9. Name and Address of Current f		150]			and Address of New Re			
WEI	NBERG, ALEXANDER		81	Name					
	E. ROYAL FLAMINGO DRIVE		L.						
SARASOTA, FL MH 34236				82 Street Address (P.O. Box Number is Not Acceptable)					
5, 4.			83	<del></del>					
			L						
			84	City			FL 85	Zip (	Code
11. Pursuant to office or reagent. I as SIGNATURE	to the provisions of Sections 607.0502 a ogistered agent, or both, in the State of m familiar with, and accept the obligate	and 607.1508, Florida Statut Florida, Such change was a ons of, Section 607.0505, Flo	es, the above authorized to orida Statute	ve-named corporal by the corporal	poration subrition's board (	nits this statement for the p of directors. I hereby accep		nging its ient as	s registered registered
SIGNATURE	Signature, typod or printed name of registered agent a	od tito it applicable (NOT)	L: Registored Ag	gan/ signature requi	ired when reinstati	ng)	DATE		
12.	OFFICERS AND D	DIRECTORS	13.		ADDIT	ONS/CHANGES TO OFFIC			S IN 12
TITLE	PV	DELETE	1.13111.0					Change	Addition
NAME	LOFTUS, GERARD		1.2 NAMÉ						
STREET ADDRESS	12 POPPY PLACE		1.3 STREE	T ADDRESS					
CITY-ST-ZIP	FLORAL PARK NY		1.4 CBY-	ST-ZIP					
TITLE	VP	DELFTE	2 1 TITLE					hange	Addition
NAME	WEINBERG, ALEXANDER		2.2 NAME						
STREET ADDRESS	482 E. ROYAL FLAMINGO DR		2.3 \$18ā£	1 ADORESS					
CITY-ST-ZIP	SARASOTA FL		2. 4 CITY -	· S1 - ZIP					
TITLE	SP	Delete	3.1 7171.6					hange	Addition
NAME	SCHONDORF, JACOB		3.2 NAME						
STREET ADDRESS	HEARTHSTONE DR			1 ADDRESS					
CITY-ST-ZIP	RIVERSIDE, CON 00000		3.4. CHY-	ſ					
TITLE		DELETE	4.1 TULE					hange	Addition
NAME			4, 2 NAME						
STREET ADDRESS			4.3 S18F6	1 ADDRESS					
CITY-ST-ZIP			4.4 CHY-						
TITLE	·	DELETE	51 ITLE					hange	Addition
NAME			5.2 NAME	1		. (.		-	
STREET ADDRESS			1	1 ADDRESS		· V			
CITY-\$1-ZIP			54 CITY-						
TITLE		DELETE	61 1IILE	51-10			— П d	hange	Addition
NAME		L. Dett   L	6.2 NAME				<u>.                                    </u>	ango	L. J. NOSIMON
l.				a Ambutoo					
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			6.4 CITY-	SI-7IP					

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the impair report is true and accurate and that my signature shall have the same legal effect as if made under eath; that russee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name and with an address. I do hereby certify that the information supplied with this filing information indicated on this adjust report or supplemental a Lam an officer or director of the corporation or the off-ely-of appears in Block 12 or Block 13 if changed, or on at attach.