

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 842485

(5)

1. Corporation Name

PEMBROOK MANAGEMENT, INC.

95 JUN 13 AM 10:22

Principal Place of Business

3 DAG HAMMARSKJOLD PLAZA
305 E 47TH STREET
NEW YORK NY 10017

Mailing Address

3 DAG HAMMARSKJOLD PLAZA
305 E 47TH STREET
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1979

3a. Date of Last Report

02/21/1994

4. FEI Number

13-2877849

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 in printed name of registered agent and title if applicable)

(Signature typed in printed name of registered agent and title if applicable)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME JOHNSON, RODERICK K.
STREET ADDRESS CEDARLAWN ROAD
CITY, ST, ZIP IRVINGTON NY

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

TITLE P
NAME CILIA, JOSEPH P.
STREET ADDRESS 84-68 284TH ST.
CITY, ST, ZIP FLORAL PARK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

TITLE ST
NAME ROSAL, DULCE
STREET ADDRESS 92-97 54TH AVE.
CITY, ST, ZIP ELMHURST NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

TITLE AST
NAME LANGFORD, ROYE
STREET ADDRESS 40 BAXTER DRIVE
CITY, ST, ZIP NORWALK CT

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

TITLE D
NAME TURNER, HENRY B.
STREET ADDRESS 1100 PARK AVE #8A
CITY, ST, ZIP NEW YORK NY

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

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 119.07(3)(a), 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:

Roy E. Langford ROYE LANGFORD

5.4.95

(Signature and typed or printed name of signing officer or director)

(Date)

(Signature Number)