ILE NOW:	FILING FEE AL	FTER MAY 1	IS \$	22	5.00							1
CORPORA	TION	FLORIDA DEPARTMENT OF STATE										1
ANNUAL REPORT		Sandra B. Mortham Secretary of State										
1991		DIVISION OF CORPORATIONS										
OCUMENT	#84867	3										1
, Corporation Nan	. "											
, 551,					ļ							
DC CORP. O	F FLORIDA											
Principal Place of		Mailing Address										
				، ۱۰	ast		DO NOT W	RITE IN TH	IS SPACE			
	375 Hude	wyork, ny 10014			3. Data modification of mamming				Date of Last Report			
75 HUDSON NEW YORK N		new york,	74	0		03/31/1		4/	27/95			
2. Principal Place	of Business	2a. Mailing Address	8			4, FEI Num				-	Applied	
<u> </u>		26				13-3088	3213			<b>¢</b> 2 7	Not Ap 5 Add	
Suite, Apt. #, (	atc.	Suite, Apt. #, e	tc.			5. Certifice	ite of Status Desire	ed		•	a Requir	
22	<u> </u>	City & State				s Flaction	Campaign Financ	ina	<del></del> +		00 м	
City & State		28					and Contribution			Add	led to l	Fees
3		Zip Cou			,	8. This corporation has liability for inten			gible_tax	under	S. 199	.032,
		28	30			Florida Statutes Yes No						
9. Name	and Address of Current	Registered Agent		<del></del> -		10. Name	and Address of I	low Regist	egA berei	<u>nt</u>		
<del></del>				81	Name							
				82	Street Add	ress (P.O. B	ox Number is Not	Acceptable)				
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<b>™ ~~DD</b> O₽≱¹	TION SYSTEM			<b>8</b> 3								
	NE ISLAND ROAD				ļ					les l	Zip Co	de .
PLANTATION	, FL 33324			84	City				FL	•"	Z1P 00	40
	provisions of Sections 607.050	2 and 607 1508 Florida	Statutes	the m	have-named (	orporation su	bmits this statement	for the purpos	e of changin	g itsre	gistere	d office
ar registered as	ant or both in the State of Flori	IGN PROD CURBIGS Mas anti-	HOLITED OF	the c	orporation's b	oard of directo	xs. Thereby eccept th	e appointment	: es registe	ered age	nt. I em	1
CICALA TUDE:	nd accept the obligations of, Se							to distribution of	-instating)		DATE	
Sig	nature, typed or printed name	of registered agent and	title if app	licabl	(NOT		Agent signature requ	TO OFFICE				iN 12
12.		AND DIRECTORS			13. 11 TITLE	ADU	ITIONS/CHANGES	IU UFFICE	ns AND	Change	1 1	Addition
TITLE NAME	moneill, Alfre	.d, T.			12 NAME					• <b>,</b> •		
STREET ADDRESS	224 Hudhor >1.					T ADDRESS   - ST - ZIP						
CITY -ST -ZIP	DIPC DISCHER			-	21 TITLE					Change		Addition
NAME	Harold T Parmelee 375 Hudson St.				22 NAME 23 STREE	T ADDRESS						
STREET ADDRESS CITY - ST - ZIP	New 4016, A4 10014				24 CITY	- ST - ZIP			<del></del>			
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NAME STREET ADDRESS	375 Hudson St				33 STREE	T ADDRESS						
CITY -ST - ZIP	new York, MY 10014				41 TITLE					Change	, [	Addition
NAME	CALATT. CHOZ	Europt Surport			42 NAME	ET ADDRESS		<u>.</u>				
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CITY - ST - ZIP	Miami, El 31				54 CITY 51 TITLE	-ST -ZIP				Chang	Y	Additi
NAME Donald G. Sleeman					62 NAMI	E ET ADDRESS			<u> </u>	ب مینسد	)' <sup></sup>	(1)
STREET ADDRESS 375 Hadeon St.  CITY - ST - ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnit					-4 AITV	CT TID		<u> </u>	07/21/13	1675	<u> </u>	· 11::01
14. I do hereby ce	irtify that the information supp	III MILL LUIS LINUG IS ADITI	ntarily furn	ished al re	end does no	t qualify for th	le exemption stated in id that my signature i	n Section 119 shall have the	.u/(3)(k),   same lagal	· Hec	sa il ma	de under
l and that I am	. an officer of director of the C	OUDOLETION OF THE LECEIABL	OL CINZIAC	Bitthr	wered to exc	cute this repo	rt as required by Chap	eter 607, Flo	rida Statute	s, and	that my	name
appears in Blo	at 12 or Block 13 if channed	oron an attachment with	i deu declares:									
SIGNAT	UKE: Stor	MO Kas-	NAME OF	SIG	NING OFFICE	R OR DIRECT	entan .	Date 7	Day	time F	hone #	<u> </u>
4												