

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

FILED
Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 850450 (8)
1. Corporation Name
THACKERAY CORPORATION

Principal Place of Business Mailing Address
400 MADISON AVE 400 MADISON AVE
SUITE 1308 SUITE 1508
NEW YORK NY 10017 NEW YORK NY 10017
US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/23/1981	
22 Suite 309		27 Suite 309		4. FEI Number	
23 City & State		28 City & State		04-2446697	
24 Zip		29 Zip		Applied For	
25 Country		30 Country		Not Applicable	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Certificate of Status Desired				\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees	
<input type="checkbox"/>				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC.				81 Name			
1201 HAYS STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 105				83			
TALLAHASSEE FL 32301				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	Suite 309			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHBERG, RONALD D.		1.2 NAME				
STREET ADDRESS	400 MADISON AVE #1508		1.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	Suite 309			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLADKUS, JOHN		2.2 NAME				
STREET ADDRESS	400 MADISON AVE #1508		2.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHMAN, MOSES		3.2 NAME				
STREET ADDRESS	400 MADISON AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	Petrillo			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRILOO, MARIA		4.2 NAME	suite 309			
STREET ADDRESS	400 MADISON AVENUE #1508		4.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP				
TITLE	VTSD	<input type="checkbox"/> DELETE	5.1 TITLE	Suite 309			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, JULES		5.2 NAME				
STREET ADDRESS	400 MADISON AVE #1508		5.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	6.1 TITLE	Suite 309			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RABINOWITZ, MARTIN		6.2 NAME				
STREET ADDRESS	400 MADISON AVE #1508		6.3 STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY		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:

2/22/98 20-759-3695

CR2E034 (10/97)