

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

FILED

Feb 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **853130** (3)
1. Corporation Name
VICTOR PALMIERI AND COMPANY INCORPORATED



Principal Place of Business 911 WILSHIRE BLVD STE 2050 LOS ANGELES CA 90017 US	Mailing Address 911 WILSHIRE BLVD STE 2050 LOS ANGELES CA 90017-3449 US
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2. Principal Place of Business 21 911 Wilshire Boulevard Suite, Apt #, etc. 22 Suite # 2050 City & State 23 Los Angeles, CA Zip 24 90017 Country 25 USA	2a. Mailing Address 26 911 Wilshire Boulevard Suite, Apt #, etc. 27 Suite # 2050 City & State 28 Los Angeles, CA Zip 29 90017 Country 30 USA
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3. Date Incorporated or Qualified 06/11/1982	3a. Date of Last Report 03/29/1996
4. FEI Number 95-2644662	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 C T CORPORATION SYSTEM 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, VICTOR H.	1.2 NAME	
STREET ADDRESS	245 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTOSELLA, JR., PETER A.	2.2 NAME	
STREET ADDRESS	1617 JFK BLVD. #1670	2.3 STREET ADDRESS	205 Clover Lane
CITY-ST-ZIP	PHILADELPHIA PA	2.4 CITY-ST-ZIP	Ambler, Pennsylvania 19002
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURKE, JULIAN	3.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	3.3 STREET ADDRESS	911 Wilshire Boulevard, suite #2050
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CYRIL	4.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JERRAM, SUSAN E.	5.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	
TITLE	DCFO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIP M. SECKINGTON	6.2 NAME	secretary
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELES CA	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: Susan E. Jerram 2-18-97 213-891-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)