


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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 355 S. Grand Avenue Suite, Apt. #, etc. 22 Suite #2820 City & State 23 Los Angeles, California Zip Country 24 90071 25 USA		2a. Mailing Address 26 355 S. Grand Avenue Suite, Apt. #, etc. 27 Suite #2820 City & State 28 Los Angeles, California Zip Country 29 90071 30 USA		3. Date Incorporated or Qualified 06/11/1982	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

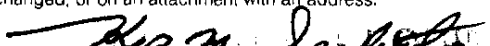
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMIERI, VICTOR H.	1.2 NAME	
STREET ADDRESS	245 PARK AVENUE	1.3 STREET ADDRESS	575 Fifth Avenue, 21st Floor
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, New York 10017
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTOSELLA, JR., PETER A.	2.2 NAME	
STREET ADDRESS	205 CLOVER LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	AMBLER PA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	Director <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	355 South Grand Avenue, #2820
CITY-ST-ZIP	LOS ANGELES CA	3.4 CITY-ST-ZIP	Los Angeles, California 90071
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, CYRIL	4.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	4.3 STREET ADDRESS	355 South Grand Avenue, #2820
CITY-ST-ZIP	LOS ANGELES CA	4.4 CITY-ST-ZIP	Los Angeles, California 90071
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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	355 South Grand Avenue, #2820
CITY-ST-ZIP	LOS ANGELES CA	5.4 CITY-ST-ZIP	Los Angeles, California 90071
TITLE	DFCS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIP M. SECKINGTON	6.2 NAME	
STREET ADDRESS	911 WILSHIRE BLVD STE 2050	6.3 STREET ADDRESS	355 South Grand Avenue, #2820
CITY-ST-ZIP	LOS ANGELES CA	6.4 CITY-ST-ZIP	Los Angeles, California 90071

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



Kip M. Seckington

2/16/98

CR2E034 (10/97)