

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853370** (5)

1. Corporation Name
C & O REALTY CORP.

Principal Place of Business Mailing Address
P.O. BOX 550 LENOX HILL STATION NEW YORK NY 10021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/07/1982** 3a. Date of Last Report **02/16/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **13-3119322** 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

9. Name and Address of Current Registered Agent
**RIGSBY, R. TERRY ESQ.
204 S MONROE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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 _____ DATE _____
Signature typed or printed name of registered agent and firm if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	HUANG, PAUL
STREET ADDRESS	36 E. 74TH ST.
CITY - ST - ZIP	NY NY
TITLE	VD
NAME	HUANG, CHARLES
STREET ADDRESS	36 E. 74TH ST.
CITY - ST - ZIP	NEW YORK NY
TITLE	VSD
NAME	LINDSEY, DONNA HUANG
STREET ADDRESS	3405 PINERUN LANE
CITY - ST - ZIP	LUTZ FL
TITLE	D
NAME	CHA, ASSUNTA
STREET ADDRESS	5 WILLOW CRESENT
CITY - ST - ZIP	BROOKLINE MA
TITLE	D
NAME	IP, CECILIA
STREET ADDRESS	427 PAZZI RD.
CITY - ST - ZIP	WALNUT CREEK CA
TITLE	D
NAME	MARTI, DUEN
STREET ADDRESS	UNTERE HARDEGG 32
CITY - ST - ZIP	4600 OLTEN, SWITZ.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VSD
3.3 STREET ADDRESS	LINDSEY, DONNA HUANG
3.4 CITY - ST - ZIP	15924 ELLSWORTH DR TAMPA, FL 33647
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(k), 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: *Paul D. Huang* **PAUL D. C. HUANG**, PRES. 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date