


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

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 853370 (5)**

1. Corporation Name  
**C & O REALTY CORP.**



Principal Place of Business <b>36 EAST 74TH ST.                  NEW YORK NY 10021</b>	Mailing Address <b>36 EAST 74TH ST.                  NEW YORK NY 10021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/07/1982</b>	
21		26		4. FEI Number <b>13-3119322</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LINDSEY, DONNA HUANG                  15924 ELLSWORTH DR.                  TAMPA FL 33647</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUANG, PAUL</b>	1.2 NAME	
STREET ADDRESS	<b>36 E. 74TH ST.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NY NY</b>	1.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUANG, CHARLES</b>	2.2 NAME	
STREET ADDRESS	<b>36 E. 74TH ST.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	2.4 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINDSEY, DONNA HUANG</b>	3.2 NAME	
STREET ADDRESS	<b>15924 ELLSWORTH DR</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA FL</b>	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHA, ASSUNTA</b>	4.2 NAME	
STREET ADDRESS	<b>5 WILLOW CRESENT</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BROOKLINE MA</b>	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>IP, CECILIA</b>	5.2 NAME	
STREET ADDRESS	<b>427 PAZZI RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WALNUT CREEK CA</b>	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTI, DUEN</b>	6.2 NAME	
STREET ADDRESS	<b>UNTERE HARDEGG 32</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>4600 OLTEN, SWITZ.</b>	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: *Sandra B. Mortham* **SECRETARY OF STATE** 1/23/98

CR2E034 (10/97)