

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90186 042 \*\*\*150.00

DOCUMENT # 855248

1. Corporation Name

RGI GROUP INCORPORATED

Principal Place of Business

5900 N. ANDREWS AVENUE  
700A  
FT. LAUDERDALE FL 33309  
US

Mailing Address

5900 N. ANDREWS AVENUE  
700A  
FT. LAUDERDALE FL 33309  
US

2. Principal Place of Business

21 ~~63 E 38 E 63RD ST~~

Suite, Apt. #, etc.

22

City & State

23 New York NY

Zip

24 10021 25 US

2a. Mailing Address

26 38 E 63RD ST

Suite, Apt. #, etc.

27

City & State

28 New York NY

Zip

29 10021 30 US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

01/14/1983

4. FEI Number

59-2227655

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS SLOVIN, BRUCE  
CITY-ST-ZIP 35 E 62ND ST  
NEW YORK NY 10021

TITLE ☐ DELETE

NAME VS  
STREET ADDRESS DICKES, GLENN P.  
CITY-ST-ZIP 625 MADISON AVE  
NEW YORK NE 10022

TITLE ☐ DELETE

NAME CED  
STREET ADDRESS PERELMAN, RONALD O.  
CITY-ST-ZIP 35 E 62ND ST  
NEW YORK NY

TITLE ☐ DELETE

NAME AS  
STREET ADDRESS COOK, DAVID L.  
CITY-ST-ZIP 5900 N ANDREWS AVE SUITE 700A  
FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME V  
STREET ADDRESS GORDON, HOWARD F.  
CITY-ST-ZIP 5900 N. ANDREWS AVE SUITE 700A  
FT LAUDERDALE FL 33309

TITLE ☐ DELETE

NAME VC  
STREET ADDRESS WINOKER, LAURENCE  
CITY-ST-ZIP 625 MADISON AVE  
NEW YORK NY 10022

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)