FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **857968** **(2)**

1. Corporation Name

GEORGETTE KLINGER, INC.

Principal Place of Business	Mailing Address
9700 COLLINS AVE. BAL HARBOUR FL 1154 US	501 MADISON AVE. NEW YORK NY 10022 US

3. Date Incorporated or Qualified: **10/03/1983**

3a. Date of Last Report: **01/27/1995**

4. FEI Number: **13-1503856** ☐ 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

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	BELTON, KATHRYN		1.2 NAME		
STREET ADDRESS	312 N. RODEO DRIVE		1.3 STREET ADDRESS	131 S. Rodeo Drive	
CITY-ST-ZIP	BEVERLY HILLS CA		1.4 CITY-ST-ZIP	Beverly Hills, Calif. 90212	
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MORRIS, PETER T.		2.2 NAME		
STREET ADDRESS	19 EMPIRE ISLND		2.3 STREET ADDRESS		
CITY-ST-ZIP	SO HALKENSAKE NJ		2.4 CITY-ST-ZIP		
TITLE	CTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KLINGER, GEORGETTE		3.2 NAME		
STREET ADDRESS	501 MADISON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MINSON, ARTHUR		4.2 NAME		
STREET ADDRESS	501 MADISON AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, ANNE		5.2 NAME		
STREET ADDRESS	SO MADISON AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FARBER, LAWRENCE		6.2 NAME		
STREET ADDRESS	19 EMPIRE BLVD		6.3 STREET ADDRESS		
CITY-ST-ZIP	SO HACKENSACK NJ		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: Peter I Morris Vice President 4/29/96 201-641-1122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #